TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, when 72 hours after detth.

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12710 CERTIFICATE OF DEATH

1. PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: I	Residence before admission)
Montgomery County - MARYLAND	Dist. of Col.	4
b CITY OF TOWN (If outside cornerate limite   a LENGTH OF STAY IN 1h	c. CITY OR TOWN (If outside corporate limits, write RURAI	and give nearest town)
Takoma Park	Washington	47-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Ralls Nursing Home	7775- 17th St. N.W.	ON A FARM?
3. NAME DF First Middle	Last 4. DATE Month	Day Year
OECEASED (Type or print) Minnie Ann	Neal DEATH Sept. 21,	1967
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years   IFUNDER	1 YEAR LEUNDER 24 HRS.
Female White WIDOWED DIVORCED	5-10-1877   Sast birthday   Months   90 yrs.	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. C	ITIZEN OF WHAT
		OUNTRY?
Housewife	Georgia U	S.A.
Walter S. Steel	Ellen Butler	
15, WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service)	a E W a G The Week	
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),	uby F. Neal-See Item No.	I INTERVAL BETWEEN
Daniel and the same of the sam	P	ONSET AND DEATH
IMMEDIATE CAUSE (a)	TICATERAL JOBAZ	LUAYS
4201 DUE TO M	16616 646	54-
Conditions, if any, which gave rise to immediate	DEFICIENCY	JEARS
cause (a), stating the DUE TO	(	20 400
underlying cause last. (c) Triendoscue		10005
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL		19. WAS AUTOPSY PERFORMED?
CORONARY ATHER	LOSCLEROSIS	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELL  2Da. ACCIDENT WAS UNDERLYING COUNTY OCCUR.  2Da. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18	3.)
	ACE OF INJURY (Home, farm,   20f. (City or town) (Co	unty) (State)
Hour a.m. While - Not While - factor	ory, street, office bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	, 1950, to 2/367-, 196	that (1) (we) last
	at death occurred at AM, from the causes and on	
22a. SIGNATURE	ATTENDING MED. STAFF 22b.	ATE SIGNED
M.I	D. PHYS. DIRECTOR PHYS.	-/6/
22c. PHYSICIAN'S NAME (Type) Dr. L.B. Snow	7950 N. Hampshire Ave.	
		Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER		unty) (State)
Removal   0_22_1067   Uak Hill Ue	emetery Griffin Ga	10. 0.1.0.1.0.1.0.1
24. FUNERAL DIRECTOR Joseph Gawler a Sons,	25a. REC'D BY REGISTRAR 25B. REGISTRAR	
5130 Wisc. Ave. N. W. Wash D.C.	Inc.   DATE SEP 27 196/	of e

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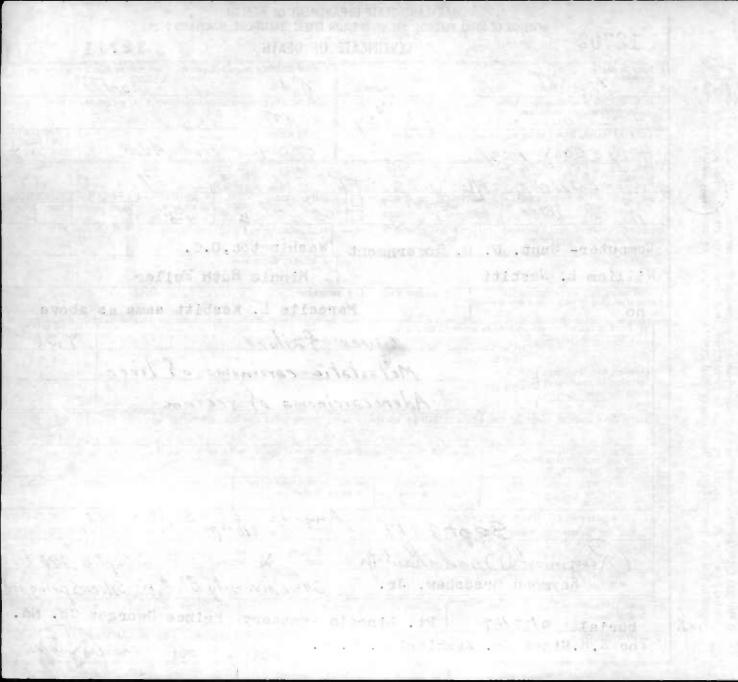
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-1	0	7	6 1	0
1	5	6	U	1

	- N	CERTIFICATE	OF DEATH	1211	1
	PLACE OF DEATH			ere deceased lived, if institution: Residen	ice befare admission)
	a. COUNTY	MARYLAND	a. STATE	b. COUNTY	FPR.GEO
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	ide carparate limits, write RURAL and give	e nearest tawn)
0	write RURAL and give nearest tawn)	230/AV	HVATTS 1	1166F.	16-2
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in	haspital, give street address)	d. STREET ADDRESS	1	e. IS RESIDENCE ON A FARM?
	HOLY CROSS HOS	0.	5004	36th AVE	YES NO
	NAME OF DECEASED (Type or print)	Me NES bit	Lost	4. DATE Month OF DEATH	Doy Year 8 1967
S.	1 1.1	Makried Never Married Divorced Divorced	8. DATE OF BIRTH 5 / 2 4	9. AGE (In years last birthday) Manths yrs.	Days Hours Min.
	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S		TIZEN OF WHAT
	Computer - Supt. U.	S. Government	Washingto	n,D.C.	ONIKI!
	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
1	William L. Nesbitt		Minnie	Ruth Fuller	
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of serv	disa)	INFORMANT	Address	Salfrat strike
1,0	no (ii yes give wai ai dales di seri	Ma	rcella L.	Nesbitt same as	above
	18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (o), (b), ond (c).)	failure		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause	Metasta Adenocar	tic carcin	oma of liver	
	dost.   (c) _			reclum	19. WAS AUTOPSY
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDI	IIION GIVEN IN PART I(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERT	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	rt f ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur'o.m. p.m.		CE OF INJURY (Hame, farm, lary, street, office bldg., etc.)	20f. (City or town) (Car	unty) (State)
Ú	21. I certify that (I) (this hospital saw the deceased alive an			67, ta <u>Sept S</u> , 194 215 pM, from causes and on th	
	220. SIGNATURE)	radikan A M.	ATTENDING M		ATE SIGNED
	22c. PHYSICIAN'S Raymond Br	adshaw, Jr.	345 Univer	1 -1 1	er Spring, Me
230	b. BURIAL, (REMATION, REMOVAL (Specify) 9/12/67	Ft. Lincol	n Cemetery	23d. LOCATION (City or Town) Prince George	(County) (Signal)
24	The S.H. Hines Co.	ADDRESS		BY REGISTRAR 2Sb. REGISTRAR'S S	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours of Page 4 may be retained by the hospital ar attending physician.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

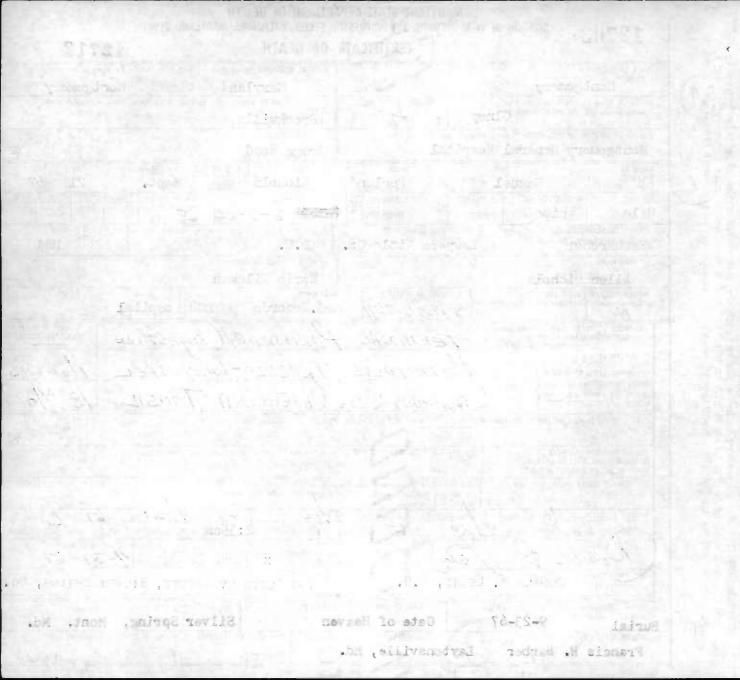
Page 4 moy be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

12712

									7 10 .		
1.	PLACE OF DEATH				2.	USUAL RESIDENCE (V	Vhere deceased	lived, if institution	n: Residence	befare admis	ssian)
	a. COUNTY Mon	tgomery		MARYLA	ND	Maryland Montgomery					18-0
	b. CITY OR TOWN	(If autside carporate limits,		C. LENGTH OF STAY IN	lb c.	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)					
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Olney						Brookvill	e			/	5 /
		ITAL OR INSTITUTION (If nat				STREET ADDRESS			177	e IS RE	SIDENCE FARM?
	Montgom	ery General	Hospi	tal		Gregg Road	1			YES	FARM?
3.	NAME OF DECEASED	Firs		Middle		Last	4. DATE OF	Month	1	,	Year
	(Type ar print)	Samuel		Penla		Nichols	DEATH	Sept.			67
	SEX 3	6. COLOR OR RACE	7. MARRIED			ATE OF BIRTH	. 1.	GE (In years ust birthday)	Months D	ays Hour	DER 24 HRS. S Min.
	Male	White	WIDOWED	DIVORCED	-	6-7		b yrs.	10 617177		
du	a. USUAL OCCUPATIO ring most of working	ON (Give kind of wark dane a life eyen if retired)		ND OF BUSINESS OR DUSTRY Title	Co	D.C.	& State, ar toreigr	n country)	COUN	IN OF WHAT	
-	. FATHER'S NAME	Her	Tram!	ACTS -TOTE		. MOTHER'S MAIDEN N	IAME			00	
13	Allen	Nichols			14	Marie Wil					
19		/ER IN U.S. ARMED FORCES?	I 16	SOCIAL SECURITY NO.	17. INFO		Lunair	Addre	35		
	es, na, ar unknawn)	(If yes give war ar dates of		79-26-7571		d.Records	MGH	Hospi			
-	T 18 CAUSE OF I	DEATH (Enter only one caus	e per line for			7	1/1	-		INTERVAL E	BETWEEN
	PART I. DE	ATH WAS CAUSED BY:		ERHINAC	SF	ULMONA	PY OR	DOESTI	ON	ONSET AND	
	145	IMMEDIATE CAUSE (		/		4	1	/		11	
	Conditions, if an	y, which gave )	b) 1/2	ETASTASI	5.	TRACHEC	- LAR	YNGAE		MON	THS
	rise to immedia	ate cause (a), (	,	and and a		(Dagania		+-1-	,	10 1	1
	last.	)	000	DAMOUS CE	ELL	ARCINO	MH,	10NS1	4	18/	10
N	PART II. OTHER S	SIGNIFICANT CONDITIONS CO	NTRIBUTING 1	TO DEATH BUT NOT RELAT	ED TO THE	TERMINAL DISEASE CON	IDITION GIVEN I	N PART I(a)		19. WAS AL	UTOPSY RMFD?
CATIC								1		YES 🗌	NO 🔀
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH  Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	URRED. (Ente	er nature of injury in	Part I or Part II	af item 18.)			
MEDICAL	20c. TIME OF IN	JURY Month, Day, Year				F INJURY (Hame, farm		ity ar tawn)	(Count	у)	(State)
ME	Haur 'o	o.m. 19	While		tactary,	street, office bldg., etc.)					
	21. 1 cert	tify that (1) (this hasp	ital) often	ded the deceased fr	am 9/		967, ta		, 196-	7, that (1)	(we) last
		deceased alive an	9/20	1967, an	d that de	eath accurred a	2:35am, f	ram causes o			ed abave.
	220. SYGNATURE	11 2 /	1	) "		ATTENDING [5]	MED.	STAFF	22b. DATE		1
		rold F.	1/0	6.2.	M.D.	PHYS. 22d. ADDRESS	DIRECTOR L	STAFF PHYS.	19-9	1-67	
	NAME (Typ		. LEWI	s, M.D.		700 CLOVI	ERLY ST	REET, S	ILVER	SPRING	s, MD.
23	o. BURIAL, CREMAT			23c. NAME OF CEMETE			23d. LOCAT	ION (City ar Tov	vn) (C	ounty)	(Stote)
	REMOVAL (Specif	7-23-0	7	Gate of H	ieaver			r Sprin			Md.
2	4. FUNERAL DIRECT		Tom	ADDRESS	иа		BY REGISTRAR		GISTRAR'S SIGN		
	rrancl	s H. Barber	Lay	rtonsville,	rict.	DATESE	P 2 5 1	967 0	Charle	a Just	0.64



### MARYLAND STATE DEPARTMENT OF HEALTH F STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY e. STATE b. COUNTY 10NTGONER Maryland Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if oulside corporata limits, write RURAL end give neerest town) Rockville, Md. Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 11403 Grayling Lane 11403 Grayling Lane 3. NAME OF Middle DECEASED OF (Type or print) DEATH carbon IF UNDER 1 YEAR 9. AGE (In yeers NEVER MARRIED last birthdey) and Months Days December 1929 physician 1De. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove (County & State, or toreign country) done during most of working life, even if retired) Price quotations Electric Washington, DC US 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending John Joseph Nicro Mary T. Barzoni 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Then removal, (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Mary T. Nicro, 59/Adams St., NW, DC 1951-1955 signed by the permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c) INTERVAL BETWEEN aftending physician. PART I. DEATH WAS CAUSED BY 0 IMMEDIATE CAUSE (a) burial-transit DUF TO Conditions, if eny, which (b) geve rise to immediate cause DUF TO (a), steting the underlying as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] certificate CERTIFICATION use 2Db. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Pert II of item 18.) 200, ACCIDENT WAS UNDERLYING Po OR CONTRIBUTING CAUSE OF DEATH After this detached 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (Clty or town) (County) 2Dc. TIME OF INJURY Month, Dey, Yeer factory, street, offica bldg., etc. While Not While Hour e.m. et work et work CIOR: 8 (I) (this hospital) attended the deceased from....... pino from the causes and on the date stated above. , and that death occured at saw the deceased 22e. SIGNAZ ATTENDING MED DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 22c. PHISICIAN'S Old Georgetown Ad. NAME (Type) Robert T. Thibadeau 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Washington, DC 11 Sept. 1967 Rock Creek Cemetery OL 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

20012

IS RESIDENCE ON A FARM?

YES NO X

IF UNDER 24 HRS.

19. WAS AUTOPSY

PERFORMED? NO To

(Slate)

22b. DATE

(State)

VR A15 (4) 15M 9/60

24 JUNERAL DIRECTOR'S SIGNATURE

Tal Tal SIL. VIIIS fit - - -A Constitution of the secondary and the secondar The ground on the state of the nortal . The (a 1951-1955 | 196-19-1955 | A 197 | A 196-19, 19-1-44-19 | 10, 200, 19-1-44-19 and the state of the second of contract description. The first description and the contract of the contract o Limes Fredericker for Content they was 1869 11 1367 governor Justin MARYLAND STATE DEPARTMENT OF HEALTH

	12705			CERTIFICA	AIE OF	DEATH			127	14
	PLACE OF DEATH o. COUNTY Mon	ntgomery		MARYLAND	0.5	TATE	Where decear	sed lived, if institu b. COU		;
1	b. CITY OR TOWN write RURAL ar	(If autside corporate limit ad give nearest town) aton	s,	c. LENGTH OF STAY IN 1b	c. CITY		itside carpora	ite limits, write RU	440	
		TAL OR INSTITUTION (If no versity Nur			d. STRI	ET ADDRESS	Sout	hern Ave	C F	e. IS RESIDEN ON A FARM YES NO
. 1	NAME OF DECEASED (Type or print)	Fi	rst	Middle	NOTOV	Last	4. DATE OF DEATH	Man	th D	ay Year 19 6'
	SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE			AGE (In years last birthdoy) yrs.	Months Doy	
duri	ing most of working	N (Give kind of work dane glife, even if retired) T		ND OF BUSINESS OR DUSTRY Baking		THPLACE (County Hungar	У	reign country)	12. CITIZEN COUNTR	
		mown			14. MC	THER'S MAIDEN I				
(Ye	WAS DECEASED EV s, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war or dates of	of service)		17. INFORMA		1001 T	Addr	1 2	., Va.
	Conditions, if on	te couse (a)	(b)	c of F	gra	in (A	for	reject	Caston	6 m
NC	last.	erlying couse	(c)	O DEATH BUT NOT RELATED	TO THE TERM	NAL DISEASE CON	NDITION GIVE	N IN PART 1(a)	<u> </u>	9. WAS AUTOP:
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIONS C	(c)ONTRIBUTING T	O DEATH BUT NOT RELATED						9. WAS AUTOPS PERFORMED YES NO
MEDICAL CERTIFICATION	PART II. OTHER S  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour o	AS UNDERLYING GGCAUSE OF DEATH  Y MEDICAL EXAMINER  JURY Manth, Doy, Year	ONTRIBUTING T	SCRIBE HOW INJURY OCCURI	RED. (Enter no	ure of injury in JRY (Home, farm , office bldg., etc.)	Part I ar Par	t II of item 18.) (City or tawn)	(County)	PERFORMED'
	PART II. OTHER S  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour o P 21. I cert	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) JUNEAU MONTH, Doy, Year .m. 19	20b. DE: 20b. DE: 20d. IN White at wark	SCRIBE HOW INJURY OCCURI	PLACE OF INJ	Ure of injury in  JRY (Home, farm, office bldg., etc.)	Part I ar Par 1, 20f.	t II of item 18.) (City or tawn)	(County)	PERFORMED YES NO
	PART II. OTHER S  20a. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN Hour o P 21. I cert	AS UNDERLYING  AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Manth, Doy, Year .m. 19 ify that (I) (this has deceased alive an	20b. DE:  20b. DE:  20d. IN  White at wark  pital) attence	SCRIBE HOW INJURY OCCURION  DIVINY OCCURRED  at work  19627, and	PLACE OF INJ factory, street that death	JRY (Home, farm, office bldg., etc.) accurred at NDING ADDRESS	Part I ar Par 20f. 20f. MED. DIRECTOR	t II of item 18.) (City or tawn)	(County) , 1%7, and an the d 22b. DATE SI	PERFORMED  (Stotal Control Con

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove suspens papers. Pages 1 and 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours ofter deoth Poge 4 moy be retained by the hospital or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH

Items 18&21 Film 393

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12707

CERTIFICATE OF DEATH

12716

	CERTITION	12110
	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
	o. COUNTY Montgomery MARYLAND	o. STATE b. COUNTY Virginia
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town)  Bethesda (rural) 43 days	Alexandria
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. Street address  e. IS residence on a farm?
	Naval Hospital	5713 Colfax Avenue
	NAME OF First Middle DECEASED Nona Elizabeth	OLSON  4. DATE Month Doy Year OF DEATH September 24 1967
	SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO DIVORCED TO DIVORCED TO THE DIVORCED TO TH	3. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H lost birthday)  47 yrs.  18. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Manths Days Haurs Mi
0	. USUAL OCCUPATION (Give kind af wark done ing most pot working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote, or foreign country)  Birmingham, Alabama  12. CITIZEN OF WHAT COUNTRY?  USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Boyd Nakivell	Ann Bostrom
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Alexandria Address Virginia
(16	os, no perunknown) (If yes give wor or dotes of service) 420 07 8916	CDR Lester D. Olson, USN, 5713 Colfax Ave
	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	INTERVAL BETWEEN
	IMMEDIATE CAUSE (U)	of the colon with widespread ONSET AND DEATH
	000 10	tastases
Н	Conditions, if any, which gave rise to immediate couse (a),	
	stoting the underlying couse DUE 10	
H	ast.   (c)	10 WAS AUTODOX
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO
L CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I ar Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e While Not While at work at work	PLACE OF INJURY (Home, farm, factary, street, affice bldg., etc.)  20f. (City or town) (County) (State
ř		n_August_10 , 19.67 , to Sept. 24 , 19_67 hat (1) (we) that death accurred at 120P M, from causes and an the date stated ab
	220. SIGNATURE ?: O Lingilier	M.D. ATTENDING   MED. STAFF   22b. DATE SIGNED   Sept. 25,196
1	22c. PHYSICIAN'S NAME (Type) R. W. VIRGILIO, M.D.	Naval Hospital, Bethesda, Md.
		OR CREMATORY 23d. LOCATION (City or Town) (County) (Store)  n National Arlington, Virginia
24	FUNERAL DIRECTOR ADDRESS Murphy Funeral Home 3524 Columbia Pike	DAN
-	Arlington, Virgin	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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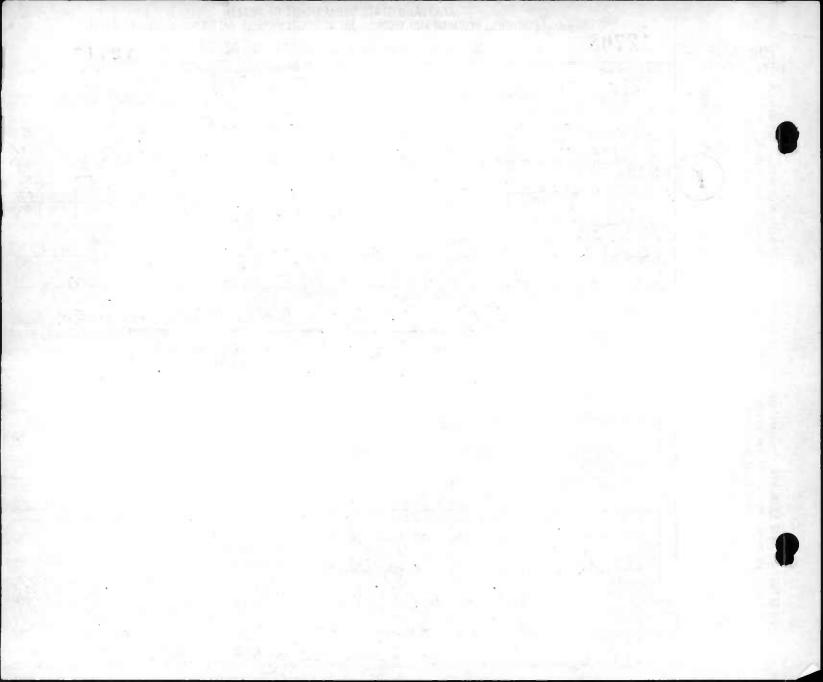
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maller self-entre personal and the

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR ST	AIE		12708 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12717
EALTHA	DEPT.		ACE OF DEATH  COUNTY  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)  o. STATE-LOR I DA  b. COUNTY
nd 3 to	death.		CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
2, one P.M3.	Deportment & after dear	-4	NAME OF HOSPITAL OR INSTITUTION (If not in bospital give street address)    A STREET ADDRESS   8 IS RESIDENCE
jes 1, farm	2		8214 Flower Civenue 115 BELLVUE AVE, YES NO
e Pog with	( Far		AME OF ECEASED ROBERT ELMER ORONGE OF DEATH 9 - 15 1967
nours orier Item 18. Give Office along	with	S.	
	lond2 event	10o duri	JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
nin 24 Indi in	pages 10 in any e	13.	ATHER'S NAME  14. MOTICE'S MAIDEN NAME  14. MOTICE'S MAIDEN NAME  15. A. T. S. A.
a be executed within 24 rd "pending" in pencil in Chief Medical Examiner's	File	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITORO. 17. INFORMANT Address (NECE)
execute ending" f Medical	onsit permit. or removal,	(Ye	NO THE STIPLE WOT OF GOTES OF STREET 8-05-7167A MRS. H.R. CROMER
"pend"	or ren		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), only (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Caronary  UNSURPLEMENT ONSET AND DEATH
wol	o buriol-tronsit cremotion, or re		Conditions, if ony, which gove) DUE TO Onteriorseler the Heart Descard
ng the	0 92		rise to immediate couse (o), stating the underlying couse (c)  Out TO  (c)
e, writing t farwarded	used	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED?  YES \( \sigma \) NO \( \sigma \)
icate	ould be	RTIFICAT	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING
he certif should files.	3 sh ent,	MEDICAL CERTIFICATION	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year While Nat While foctory, street, office bldg., etc.)  20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)
age 4	- 2 p	ME	Haur o.m. p.m.  19 While of work of work foctory, street, office bldg., etc.)  21. I certify that I took charge of the remains described above held an Autopsy , Inspection , Inquiry , ond in my opinion.
e exector. Por Ped for	<b>DIRECTOR:</b> P		deoth resulted from Notural couses Accident , Spicide , Homicide , Undetermined monner
pleose   direct	DIRECT DIRECT DIRECT		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNE
necessory, the funero	FUNERAL solth or it		EXAMINER'S BELDEN R. READ M. DEPUTY MEDICAL EXAMINER & 9-16-196
necessor the fun 5 may		236	BURIAL CREMATION, 23b DATE THEREOF 23c. MAINE OF CEMETERY OF CREMATORY 23d. LOCATION (City or Town) (Store)
VR A	15ME (5)	24	FUNERAL DILECTOR  ADDRESS  ADDRESS  250. REC'D/BY REGISTRAY 25b. REGISTRAY SIGNATURE  ADDRESS  ADDRESS
6N	A 1/66	4	William Hallers my surell of I pay Jet 13 1001 June Jung



# MARYLAND STATE DEPARTMENT OF HEALTH SION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MA

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12718 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Montgomery o. COUNTY ONAME 2, one PM3. Page Montgomery O. MARYLAND ment o delay c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside prorote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, STIVER OF SPETTING S.S. approx. 2 md d. STREET ADDRESS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSHITUTION (If not in hospital give street address) the Chief Medical Examiner's Office olang with farm 11200 Lockwood Drive Give Pages 24 hours after death. NAME OF Middle DATE Month Doy Year DECEASED OF the 24 Morris 9 167 Ostrofsky (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS permit. File pages 1 and 2 with SEX B. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 58 XX yrs. Months Hours 6/18/xxx 1909 MALE WHT TE WIDOWED DIVORCED X haurs after death Item ] 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT WESTINGHOUSE during most of working life even if retired)
Mathmetician COUNTRY? Russia US Mam. MOTHER'S MAIDEN NAME Dora Varlinski pencil 13. FATHER'S NAME OSTROFSKY Adher = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO. executed (Yes, no, or unknown) (If yes give wor or dotes of service pending" within 454-03-0154 Ruth Goodman 11200 Lockwood Drive no 18. CAUSE OF DEATH (Enter only one cause per lipé INTERVAL BETWEEN burial-transit ONSET AND DEATH event PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE the certificate, writing the word This certificate shauld DUE TO any Conditions, if ony, which gove rise to immediate couse (a). be farwarded ta = DUF TO 0 stoting the underlying couse pup 90 be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY remaval, PERFORMED? NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item IB.) 3 shauld should OL PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. cremation, MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year (City or town) Hour o.m. foctory, street, office bldg., etc.) Yaur While Not While FUNERAL DIRECTOR: Page ot work Page at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my apinion burial. the funeral directar. death resulted from Natural causes Hamicide please CHIEF MEDICAL EXAMINER to ACTUAL SIGNATURE Health prior EXAMINER'S May NAME (Type) NAME OF CEMETERY OR 50 PENNSYLVANIA PITTSBURG. BURI FUNERAL DIRECTOR # VR A15ME (5) BROS, INC. 6010 REISTERSTOWN 6M 1/67

Latings Colon Tide. Color 1919 Million Parists Y C. III-13-4015 T. Equal Residents , 111 100 E equado d' De HOLONG THE STATE OF THE STATE THE STATE STORY THE SALE WELSTER THE STEEL THE

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1271	U		CERTIFIC	ATE OF DEA	TH		12	719	
PLACE OF DEATH     O. COUNTY     MC	ntgomery		MARYLA	a STATE	DENCE (When		l, if institut b. COUN		befare admission).
b. CITY OR TOWN	(If outside corparate limits	,	c. LENGTH OF STAY IN	b c. CITY OR TOV	VN (If autside	carparate limit	s, write RUF	RAL and give n	learest tawn)
Bethesda	d give negrest town		7 days	Dist	trict :	Heights			16-
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in haspital, giv	re street address)	d. STREET ADD	RESS	Par	kway		e. IS RESIDENC ON A FARM
Naval Ho	spital			Apt. 2,	7604	Distri	ct He	ights	YES NO
3. NAME OF DECEASED (Type or print)	Evange		Middle	PARSONS	-	DATE OF DEATH	Mont		Day Year 7 19 67
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	H	9. AGE (	n years	IF UNDER 1 Y	EAR IF UNDER 24
Female	Cauc.	WIDOWED [	DIVORCED	March 31	L, 191	5 52	oirthday) Yrs.	Months D	Pays Hours N
10a. USUAL OCCUPATION DURING CONTRACTOR CONT	N (Give kind of work done even if retired)		D OF BUSINESS OR USTRY	11. BIRTHPLACE		ate, ar fareign cou ts	intry)	12. CITIZI COUN	EN OF WHAT
13. FATHER'S NAME		-		14. MOTHER'S	MAIDEN NAM	E			1 1 1 1 2 2
Emanuel	Anderson			Alex	candri	a Hukk	a		
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dates o		ocial security no. 16 3956	17. INFORMANT Harold L.	Apt.			ssHeigh ct Hei	
Canditions, if an rise ta immedia stating the und last.	te cause (a), erlying cause DUE	(b) <u>ENC</u> 10 (c)		CIA OF THE			PI 1/a)		19 WAS AUTOPSY
NOTE	TOTAL CONDITIONS	SKI KIBOTIKO TO	DEATH BOT NOT KEEN	ED TO THE TERMINAL DIS	LASE CONDIN	017 017 117 117	((1)		PERFORMED? YES X NO
OR CONTRIBUTING	S UNDERLYING  G  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	JRRED. (Enter nature of i	injury in Part	I ar Part II af it	rem 18.)		
Hant, a	m. 19	While at wark	Nat While at wark	De. PLACE OF INJURY (Ho factory, street, office b	oldg., etc.)	1717	or town)	(Count	
21. 1 cert	ify that (1) (this has leceased alive an	oital) attende Sept. 7	ed the deceased from 19.67, an	om <mark>August 31</mark> d that death occur	red at_8	7 , to Se 40AM, from	pt. 7	, 1%7 and on the	, that \$(we) dote stated ab
	. T. KIRCHN	ER,		M.D. ATTENDING PHYS.			TAFF HYS.	22b. DATE	Sept. 196
22c. PHYSICIAN' NAME (Type	1	KIDCHN	g T	22d. ADDR		pital,	Ret.he	eda M	a
	LT P. T.	KINCHIN	1511	210,10	1200	Day of the party	- VIIV	Bud, M	0.
23a. BURIAL, CREMAT	ON. 23b. DATE THE	REOF	23c. NAME OF CEMETE Lee Crema ADDRESS D.	RY OR CREMATORY	1.00	23d. LOCATION	(City or Ta		aunty) (State

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12711

### CERTIFICATE OF DEATH

12720

	PLACE OF DEATH					2. USUAL RESIDENCE	(Where dec			nce befor	re odmissi	on)	
,	o. COUNTY	Montg	omerv	MARY	(LAND	o. STATE New York b. COUNTY							
	. CITY OR TOWN	(If outside corporate limits		c. LENGTH OF STAY I		c. CITY OR TOWN (If o			RAL and giv	ve neore:	st town)		
	write RURAL an	d give nearest tawn)		E1 Dozza				,			10	2	
_		ethesda TAL OR INSTITUTION (If no	a in homia l	51 Days		Bingha;	mton				e. IS RESI	DENCE	
					2007		• lo • m	Charach			ON A F	ARM?	
_		cal Center,		Middle Middle	and			Street	1			82	
	NAME OF DECEASED		rst	***************************************		lost	4. DAT			Doy			
	(Type or print)	Frank		Steph	en	Pasky	DEA	00000		28		67	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER Months	Doys	Hours	R 24 HRS. Min.	
	Male	White	WIDOWED	DIVORCE		3 December		68 yrs.				1	
		N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or	r foreign country)		ITIZEN OF			
duli	Shippin	g Clerk	IN			Mary	land			USA			
13.	FATHER'S NAME					14. MOTHER'S MAIDEN							
		Stephen	Piszki	Lewicz			Cat	herine Ku	c				
15.	WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of	16.9	OCIAL SECURITY NO.	17.	INFORMANT The M							
(16	Yes	WWI & WWII	or service)	7-09-7843		e Clinical				la mi	hael		
		EATH (Enter only one cou			1 4 4 4	C OTTITION T	OCITO	DC GITCS	444		TERVAL BE	TWEEN	
	PART I. DEA				202.0					PN PN	SET AND I	DEATH	
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	Conditions, if ony	DUE				1 7 1				1	0 1		
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	stoting the unde												
	last.		(d) Syst	cemic Amyl	oldo	SIS					3 mor		
2	PART II. OTHER S	IGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO	THE TERMINAL DISEASE CO	NDITION 6	GIVEN IN PART 1(0)		19.	WAS AUT PERFORM		
ATIO			Acute F	Renal Fail	ure					У	ES X	NO 🗍	
JEIC.	20a. ACCIDENT WA	S UNDERLYING 🗆				(Enter noture of injury in	Port I or	Port II of item 18.)					
MEDICAL CERTIFICATION		G CAUSE OF DEATH MEDICAL EXAMINER)											
R		IURY Month, Doy, Year	20d. IN	JURY OCCURRED	2De. PLA	CE OF INJURY (Home, for	m. 2D	f. (City or town)	(Co	ounty)		(Stote)	
MEDI	Hour 'o.	m.	While	Not While		ory, street, office bldg., etc		,	(-	11		()	
		m. 19 ify that 料) (this has	ot work		fram	Angerat	10 65	7 to 28 Sont	10	67 11	hat (NI )	wal lar	
	saw the d	leceased alive an 2	8 Sept	19_67,	and tha	t death accurred at	8:00	M, fram causes	ond an	the dat	te state	d abave	
	220. SIGNATURE	0./					A.M.	•		DATE SIGN			
	1. B.	user 100	treider	LID.	M.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.	28	Sept	t. 19	967	
	22c. PHYSICIAN'S		account	11.0				inical Ce	nter.	Nat	iona	1	
	NAME (Type	H. Benfer	Kaltre	eider. M.D				Health.					
230	. BURIAL, CREMATI			23c. NAME OF CEM				LOCATION (City or To			-		
200	REMOVAL (Specify	A Post	7-67	( Jelas		MA	230	Bases and	11.1	1/2	2	31016/	
24	. FUNERAL DIRECTO	No Aller		ADDOCE	110	A 250 DEC	D BY REG	ISTO AP DI	EGISTRAR'S	SIGNATU	DE.		
24	. TUILLAND DIKE	Elk11-193	o cus	test Cl	W.	(/ 7	CT 3	1967	Ocho			Lap:	
-	JO - VO	0,00,				DATE	1010	ו וטטו	1	- Car	1	1	

I and 2 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers ahauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 Page 4 may be retained by the haspital ar attending physician.

AND THE REPORT OF THE PARTY OF

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12721

	IAIL		MEDICAL EXAMINER O CERTIFICATE OF DEATH
HEAVEH	DEPT.		LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
0	<del>-</del> 0	(	Montgomery MARYLAND Maryland Montgomery
P 3 9		1	CITY OR TOWN (I outside corporate limits, c. LENGTH OF STAY IN 1) c. CITY OR TOWN (If Outside corporate limits, write RURAL and gird nearest town)
del ind 13.	me	Ì	write RIRAL and give pearest lewn)
PNO	art		1 AKOMA PARK 2/2 RIG Silver Spring /5/
2 2	ep	C	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
es 1, farm	9 7/		Washington Sanitorium & Hospital 411 Silver Spring Avenue 185 10 NO E
Pages vith far	State Department	3. 1	IAME OF First Middle Lost 4. DATE Month Doy Year
de		-	DECEASED
a Signature	41 = 1	_	
after after	3/	3	l lost perindoy   Months   Days   Hours   Min
	death		M white WIDOWED   DIVORCED   11-25-15   51 yrs.
haurs Item 1 Office	and	10o.	USUAL OCCUPATION (Give kind of work done Industry)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT CQUNTRY?
24	ges To	don	BARBER WAITER Reed. of MARYLAND Amer.
ner ner	pages urs aft	13.	FATHER'S NAME 14. MOTHER'S MAID NAME
within 2 in pencil ii Examiner	t. File pag 72 haurs		Robert Percock Ethel Hammett
EX P	File 2 hau	15.	WAS DECEASED EVER IN ILS ARMED FORCES? IA SOCIAL SECURITY NO 17 INFORMANT P. D. M. C. C. Middess
o . To	ie e	(Ye	no or link nown) lift yes give wor or dotes of service!
executed nding" Medical	permit.		ves ww2 579-16-5191 of Partient's chart (HOSPI)
e execu pending of Medic	transit permi event within		NO. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
g :	ans		TANT I. DEATH THIS GOOD BLANE (a) Clarke or many many many
ward the Ch			420 DUE TO (1)
	urial		Conditions, if ony, which gove ) (b) Commun is (lateur Heart & Cus dus o
e s the			rise to immediate couse (o), stoting the underlying couse DUE TO
cat	as a		lost. (c)
s certificate sl e, writing the farwarded ta			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY
G W	be used remaval,	NO.	PERFORMED?
This icate, be fo	be mem	CERTIFICATION	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INVIREY OCCURRED. (Enter nature of injury in Port II of item 18.)
ific d b	plu ar	RT	20o. EXTERNAL CAUSE WAS PRIMARY \( \text{or contributing} \) \( \text{or contributing} \) \( \text{or lost in jury in Port II of item 18.} \)
NER: certif hauld			CAUSE OF DEATH.
AMINER the cer 4 shaul	your files Page 3 sho crematian,	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED Ville Not While Not While Octory, street, office bldg, etc.) 20f. (City or town) (County) (State)
A P	oni	ME	Hour o.m.  p.m.  19 While of work at work foctory, street, office bldg., etc.)
EX cut ag			21. I certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my apinion
AL exe	ned far ECTOR: burial,		death resulted from: Natural causes Adidont . Suicide . Hamicide . Undetermined manner
Se Se			CHIEF MEDICAL EXAMINER
<b>MEU</b> r olease direct	DIR ta		ACTUAL // DATE SIGNED
	RAL C		TOWN WELL TO THE TOWN WELL TOWN WELL TO THE TOWN WELL TOWN WELL TO THE TOWN WELL TOWN WELL TO THE TOWN WELL TOWN WELL TO THE
Sary	D P ER		EXAMINER'S NAME (Type) BELL DEN P. READ 14, DANGER (Type) BELL WENT (Type) 9-27-1967
DEPUTY necessary, p	FUNERAL ealth priar	00	acepell / ( ) - ( ) / ( )
o he	20 A	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
-	- 1		Burial Sept. 30. 1967 Fort Lincoln Cemetery   Prince Georges Co. Ma.
VR A	15ME (5)	724	FUNERAL DIRECTOR AND Shomas 8434 APPRISAGIA Avenue 250. RECID BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	1 1/67	100	trier & Pumphrey, Inc. Silver Spring, Md. DADCT 2 1967 Icharles Judge

CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR OF T The state of the s and the print works to be because the contract of the contract Maria (E. M. 1975) Andreas (1975) An And the state of t MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12722

	DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301	W. P	KESTON SIKEET, BALTI
271	3	CERTIFICATE	OF	DEATH

1. PLACE OF DEATH o. COUNTY Montgom	erv		MARYLAND	O STATE	Where deceased lived, if i	nstitution: Residence . COUNTY	e befare admissi	ion)
b. CITY OR TOWN	(If outside corporate limits, nd give nearest tawn)	c. LENGTH OF	STAY IN 1b		utside carporate limits, wr	te RURAL and give	nearest tawn)	
Wheaton						A	47 - 3	
		in haspital, give street addres	ss)	d. STREET ADDRESS			e. IS RESI ON A I	FARM?
	ity Nursing			859 Van Bu	ıren St., N.	W.	YES	NO KX
3. NAME OF DECEASED (Type or print)	First Mamie	Midd Clanton Peebl		Lost	4. DATE OF DEATH S	Manth ept.	,	ear 67
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER M	ARRIED [ 8	1/11/1896	9. AGE (In ye last birthd	ay) Months	YEAR IF UNDE Days Haurs	Min.
Female  10o. USUAL OCCUPATIO during most of working	N (Give kind of work dane	10b. KIND OF BUSINESS	11		& Stote, or foreign country	) 12. CITI	ZEN OF WHAT INTRY?	
Housewi				Jackson, M	V. C.	USA		
13. FATHER'S NAME	Mary Control			14. MOTHER'S MAIDEN	NAME			
Cain Cl	anton			Martha Col	llins			
IS. WAS DECEASED EV	/ER IN U.S. ARMED FORCES? (If yes give war or dates af	16. SOCIAL SECURITY 229-22-95		NFORMANT		Address		
18. CAUSE OF C	DEATH (Enter only one couse	per line for (a), (b), and (c).	.)	. 1 - 1			INTERVAL BE ONSET AND	
PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	Carcinon	an al	69-T8/2	and c!	Metask	se 6/1	6/6>
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Conditions, if an								5-25
	nise to immediate cause (a), DUE TO							
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PART II. OTHER S	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	of RELATED TO T	HE TERMINAL DISEASE COL	NOITION GIVEN IN PART 1	(a)	19. WAS AUT PERFORM YES	TOPSY MED? NO
OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	205. DESCRIBE HOW INJ	URY OCCURRED.	Enter nature of injury in	Part 1 ar Part II of item	8.)		
20c. TIME OF IN. Hour o	JURY Month, Doy, Yeor J.m. 19	20d. INJURY OCCURRED While Not While at wark at wark		E OF INJURY (Hame, farm ory, street, office bldg., etc.		wn) (Cou	nty)	(State)
	t <b>ify</b> that (I) (this hosp deceased alive op	ital) attended the dece	osed from C	deoth occurred at	19 67, to Sep 945 A. M. from co	9 / 196 uses ond on th	thot (I)	(we) last
	220. STONATURE BOLD M.D. ATTENDING MED. STAFF 22b. DATE SIGNED							
	22c PHYSICIAN'S We not D. Bell M.D. 22d. ADDRESS 3850 14 H SY, N.D. NAME (Type) Dr. Emerson Williams 705 Kenyon St., N.W. Wash., D.C.							
230. BURIAL, CREMATI REMOVAL (Specif Removal	ION, 23b. DATE THER	EOF-The 23c. NAME O	f CEMETERY OR O		23d. LOCATION (City Weldon,	or Town) North Ca		(State)
24. FUNERAL DIRECT	1/	ADDRES		ASA 11 250. REC'	D BY REGISTRAR SEP 5 196	Sh. REGISTRAR'S SI	GNATURE Sie	1920

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after deoth. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any eyefit, within 72 haurs after deather

VR A15 (4) 20 M 1/66 90

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STATE HEALTH DEPT.

Department after death. EXAMINER: This certificate should be executed within 24 hours after death. If any delay accessary, execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is the funeral page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be director. Page 4 should retained for your files. please execut O DEPUTY ME

> VR AISME (5) 1/65

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State, of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12725 MEDICAL EXAMINER'S CERTIFICATE

-									
1.	PLACE OF DEAT	H							sidence before admission)
		Montgomer	y	MARYLAND	a. STA	Wash.,	D.C. b. co	UNIY	
	b. CITY OR TOW	N (if outside corporate lim	Its,   c. LE	NGTH OF STAY IN 1b	c. CITY OR	TOWN (If outsi	ide corporete limits,	write RURAL	and give nearest town)
	Silver	end give nearest town) Spring	2	yrs. 3 mc	S. W.	a la di un culti a			473
	d. NAME OF HOS	SPITAL OR INSTITUTION (IF	not in hospital	give street address	d. STREET	ADDRESS	on		e. IS RESIDENCE
	Althea	Woodland Nu	rsing	ноте	2301	Conn.	Avenue <sub>N</sub>	W	ON A FARM?
	NAME OF	leview Dr.,	Silve	r Spring	Lest	4.	DATE Mor		Oav Year
	(Type or print)	Nell		Rust	Petro		DEATH Sept	. 18	19 67
5.	SEX	6. COLOR OR RACE 7. M	ARRIEO N	EVER MARRIED	8. DATE OF	4	9. AGE (In yeer	s   IF UNDER 1   Months   I	YEAR IF UNDER 24 HRS.
_	emale		DOWED 3	DIVORCED	11/19,	/1882	84 yrs.	Months	Jays Hours Min.
10a	USUAL OCCUPAT	ION (Give kind of work done ing life, even if retired)	10b. KIND OF	BUSINESS OR	11. BIRTI	HPLACE (State of	or foreign country)		IZEN OF WHAT
Guit	House	wife	IMDUSTR	(1	Vi	rginia		000	U.S.A.
13.	FATHER'S NAM	IE .			14. MOTH	ER'S MAIDEN N	AME		
	James	M. Smith			E1	la Rus	t		
15.	WAS DECEASED	EVER IN U.S. ARMED FORCES	7   16. SOCIAL	SECURITYNO.   17.	INFORMANT		Addr	ess	
(Ye	s, no, or unkown)	(If yes give war or dates of servi	(s)		Vantur	nth W	Peirce.	Obsei	rvatory
-	18 CAUSE DE	DEATH (Enter only one can	no por line for		CIIOWO.	1 011	161100,	Virele	INTERVAL BETWEEN
		DEATH [Enter only one cau EATH WAS CAUSEO BY:		osclerot	io Hon	rt Die	0950		ONSET AND DEATH
	4200	IMMEDIATE CAUSE (e)_	Arteri	oscierot	re nea	I C DIS	casc.		
	1	DUE TO							
	Conditions, if								
	cause (e), s	teting the OUE TO							
	underlying caus	(0)_							
MEDICAL CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO THE T	ERMINAL DISEA	SE CONDITION GIVEN I	N PART 1(a)	19. WAS AUTOPSY PERFORMED?
FE	20a. EXTERNA	L CAUSE WAS	20b. OESCRI	BE HOW INJURY OCC	URREO. (Enter	nature of Injui	ry in Part I or Part II	of Item 18.)	
ERI	PRIMARY OF DEAT	CONTRIBUTING []							
AL C		INJURY Month, Day, Year	20d. INJURY	OCCURRED   20e, PL	ACE OF INJURY	Y (Home, farm,	20f. (City or town)	(Coun	ity) (State)
DIC	Hour e.r			ot while	ory, street, offi	ce bldg., etc.)			
M	p.1		at work a		11 1 1				and to my entries
		y that I took charge of t		3				quiry [],	and in my opinion
	death result	ed from: Natural caus	ies X	ccident , St	icide,	Homicide L	, Undetermine	d manner	
	ACTUAL	13.00	8/	hick		F MEDICAL EXA			22./DATE SIGNED
	SIGNATURE	Veleken		1049			EXAMINER [	01,	CALAINED
	EXAMINER'S NAME (Type)	BELDEN 1	P. K	EAD M	1	TY MEDICAL E	, town, or county)	9/10	8/196/
23a.	BURIAL, CREM	ATION, 23b. DATE THERE	OF 23c.	NAME OF CEMETER	Y OR CREMAT	ORY 2	3d. LOCATION (City,	town or cour	nty) (State)
	n	0 90 10	67 Ar	lington	Nat'l	Cem.	Anlingto	n Va	
24.	FUNERAL DIRE	CTOR		ADDRESS 30	ligo	25a. REC'D B	Y REGISTRAR 258.		SIGNATURE
J	oseph	awler's Son	ns, Inc	a. Ave.NV	1. (DC)	DATESEP	2 0 1967	Marl	2

A 40 (0 0 10 0) Not hadan to the state and age device Argier Fued und Marchael Mine 1909 February Jr., Allver Spring Perallo Cano. L. Cano. THE STREET NO . sampeld mast distriction of the same and the will be grant (in the most off most affective interpt

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICA	TE OF DEATH	12	723
1	1. PLACE OF DEATH		re deceosed lived, if institution: Residen	ce before odmission)
	o. COUNTY Montonmery MARYLAND	O. STATE Mary	land b. COUNTY Mo	Haonery
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAYIN 1b	c. CITY OR TOWN (If outside	e corporate limits, write RURAL and give	e nearest town)
	TAKOMA PARK XXXXXXXX	Silver	Spring.	15.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	1 0 0	e. IS RESIDENCE ON A FARM?
1	Washington San + Hospital	108 Cro	ydon Ct. Upt 1-	YES NOV
	3 NAME OF DECEASED First Middle	Lost 4	OF Month	Doy Year
1	/(Type or print) Cecil Kay Ter	nberlon	DEATH DEDT	15 19 67
1	THE MARKET L	8. DATE OF BIRTH	9. AGE (in years   IF UNDER   lost birthdoy)   Months	Doys Hours Min.
-	Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11-17-85		TZEN OF WHAT
1	during most of working life, even if retired)	11. BIRTHPLACE (County & St	ore, or recognition in []	UNTRY ?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	AF.	D. H.
1	FILE Pamberton		Hunt	
ŀ	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANI		- 40
1	(Yes, no, or unknown) (If yes give wor or dates of service)	MANAGOOX X ANGO	9. Pemberton San	ne as #2
F	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	744	70400000000	INTERVAL BETWEEN
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	an exe	ma	ONSET AND DEATH
1	4200 DUE TO -+	10 -0	1 0	2 salarp
1	Conditions, if ony, which gove rise to immediate couse (o),	elheart of	facture BSHOOM	3-4 day
1	stoting the underlying couse DUE TO	On the W	and de in	with P
	last. (c) activities	wide r	any acsesse	1 ce 7 series
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	200. ACCIDENT WAS UNDERLYING \( 200. DESCRIBE HOW INJURY OCCURRY OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP. NOTIFE MODIFAL PARTIES AND PRODUCT OF CONTRIBUTION \( \text{114FP.	muy jara	restocchian seg	YES NO
1	E 200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCORR	RED. (Enter noture of injury in Port	I f or Port II of Hem 18.)	leat.
		PLACE OF INJURY (Home, form,	20f. (City or town) (Cou	unty) (Stote)
	Hour o.m. While Not While	foctory, street, office bldg., etc.)	201. (City of lowif) (Col	(31016)
	21. I certify that (1) this haspital attended the deceased from	9-1- 19/	61 ta 9-15 196	that (i) (we) last
	saw the deceased dive an 9-14 1967, and	that death accurred at 1	62M, fram causes and an Il	ne date stated abave.
	220. SIGNATURE	ATTENDING - ME	22b. D/	ATE SIGNED
1	John Opencer	M.D. PHYS. DIR	EECTOR PHYS. 9	-15-67
1	22c. PHYSIZIAN'S NAME (Type) Oahy R Spence	22d ADDRESS	m.,,,, = 100	
	John No Spencer		SVILLE, MID	
	236. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(County) (Stote)
1	Surial Sept. 19, 1967 George Wa	shington Cem   250. REC'D BY	registrar 25b. Registrar's s	IGNATURE
1	J. B. Thomas dent stone 8434 Georgia			les Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event within 72 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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executed within 24 haurs after death

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OR ATTENDING PHYSICIAN: The law requires that the death certificate

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2 VR A15 (4)

be retained by the hospital or attending physician.

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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<b>**UNERAL DIRECTOR:</b> After this certificate hos been signed by the attending physician and completely filled in	d	90	
ER	7	70	
Z	t C	5	
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CERTIFICATE OF DEATH 12724 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Montgomery Marvland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Bethesda c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Suburban 3201 Cummings Lane YES NO X 3. NAME OF 4. DATE First Middle Month Doy Year DECEASED REBECCA PFNSO (Type or print) 1967 DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED 9. AGE (In years NEVER MARRIED lost birthdoy) Hours White WIDOWED V DIVORCED Female 8-15-92 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Turkey Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NISSIM LEVY Address 3201 Cum-IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Jack Angel mings Ln.Ch.Ch.Md 18. CAUSE OF DEATH (Enter only one couse per lipe PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PERFORMED? NO YES F 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify that (1) (this haspital) attended the deceased fram Mey e deceased from Mey , 1945, to 2, 1962, that (1) (we) last 1962, and that death accurred at 2002M, from causes and an the date stated above. saw the deceased alive an Rouse 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Reeves, 1746 - K St., N.W., Wash., D.C. Clvde M.D. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. 23b. DATE THEREOF (County) REMOVAL (Specify) Nat'l.Cp.Heb.Cong.Cem. Wash. D.C.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12717

### CERTIFICATE OF DEATH

12726

	ndia Peli II alba II	CERTIFICATE	OI DEMIII		2120
	PLACE OF DEATH		2. USUAL RESIDENCE (Where decea		ence befare admission)
	o. COUNTY Montgomeny	MARYLAND	a. STATE Manvlan	b. COUNTY M.	ontgomery
	b. CITY OR TOWN (If autside carparate limits,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If auxide corpor	ate limits, write RURAL and g	give nearest town)
17	a Kite RURAL and gife) nearest town)	23days/7hrs.	Damascus		15-1
1	d, NAME OF HOSPITAL OR INSTITUTION (If not in I	haspital, give street address)	d. STREET ADDRESS	n	e. IS RESIDENCE ON A FARM?
M	lashington Sanitari	um Hospital	25503 Kidge	Koad	YES NO
3.	NAME OF First	/ Middle	Dallast 4. DATE OF	Court Month	Pay Year
1	(Type or print) ///4/qure	L NMN P	ONOCA DEATH		7 - 7
7	- 1- 111/1/0	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND)  Ogst birthday) Manths	R 1 YEAR MF UNDER 24 HRS. Days Hours Min.
10	USUAL OCCUPATION (Give kind of work done	I 10b. KIND OF BUSINESS OR	euruarya, 1082	85 Yrs.	CITIZEN OF WHAT
dVi	ing most of working life, even if retired)	INDUSTRY	11. BIRTHPLAGE (County & State, or fo		COUNTRY? U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John Stewart		Jane Patte	rson	
1s N	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war ar dates af serv	vice) 265-02-8502 HC	NFORMANT RECOV	ds 7600 Ca	rrollAve.
	18. CAUSE OF DEATH (Enter anly one cause pe	er line far (a), (b), and (c).)	1///		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Phoampul	2 Lobar-		ONSET AND DEATH
	4500 DUE TO	21- 1000	· Co · Or	~ ~	1 and
	Canditions, if any, which gave (b)	W/Exioscopies	1) general	3 cer	0 0 1
	stating the underlying cause last.		V		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBIITING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY
CERTIFICATION		Section 10 section (section 10 )		211 111 17111 1/07	PERFORMED?
FIG	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part I or Pa	rt II of item 18.)	
	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			· · · · · ·	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year		E OF INJURY (Hame, farm, 20f.	(City or town) (	County) (State)
MEC	Haur a.m. p.m. 19	While at wark at wark factor	ary, street, affice bldg., etc.)		4
	21. I certify that (I) (this haspital				that (I) (we) last
	saw the deceased alive an 9	- 1467 19, and that	death accurred at 32ml		
	220. SIGNATURE Janes as	ZU EXPORT M.D	ATTENDING MED. DIRECTOR	STAFF 22b.	DATE SIGNED
	22c. PHYSICIAN'S		22d. ADDRESS	110	Pall h
1	NAME (Type) James M. V	Whitlock, M.D.	17717 Can	ell the /allo	notate well
23	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY . 23d. L	OCATION (City ar Tawn)	(County) (State)
	Cremation Sept.16.	,1967 Fort Li	ncoln	Bladensburg	Md.
2	FUNERAL DIRECTOR	ADDRESS	25 BEC'D BY REGIST	ART PEGISTRAD	SIGNATURE
	Olin L. Moleswor	rth, Damascus, Mo	DATE IN		10

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transol director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyent, where 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the deoth certificate be executed within 24 hours aft Poge 4 may be retained by the hospital or attending physician.

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	No	1		CERTIFICATE OF DEATH
tho:	and	1	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
- o	5-6	1		O. COUNTY MONTGOMELY MARYLAND O. STATE M. B. COUNTY MONTGOMERY
afte	aff aff			D. CITY OR TOWN (If outside corporate limits, c. LENGTH OF TAY IN 1b) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ULS	s. Pages hours afte			write PURAL and give nearest town 9 days 51/VEL Spring 151
ho	.= =			H. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  d. STREET ADDRESS  ON A FARM?
n 24	filled in popers. hin 72 h	90	1	ENSINGTON GALLENS 900 LADDINGTON AVEYES NOX
withir	-			NAME OF DESSIE WAN POLICERONAKIS OF DEATH DEPT. 19 Doy Year
pa	completely ove carb exect w	)	S.	
xecul			1	WIDOWED DIVORCED 1 Jeh 23 1890 Jost birthdoy) Months Doys Hours Min.
the deoth certificote be executed within 24 hours after	=			USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT SUMTRY A  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT SUMTRY A
ote	sicion c please I, ond ir		12	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
rtifi	phys en p		10.	George Hanestakis YNKNOWN
th ce	em H			WAS DECEASED EVER IN U.S. ARMED FORCES? 36, SQCIAL SECURITY NO. 7 17. INFORMANT Address S. 1 S. M.D.
qeo	ottending phy permit. Then ion, or removal		(∀€	s, no, or unknown) (If yes give war or dotes of service) 208-03-9327 MRS. PEARL N. CATORIS-900 CARDINGTON AVE
the				18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), only (c).) PART 1. DEATH WAS CAUSED BY: ONSPI AND DEATH
thot n.	by the ransit			32/V IMMEDIATE CAUSE (0) Thermore
sicio				Conditions, if ony, which gove) (b) meltiple conservores when and # 4/28
phy	signed buriol- buriol,			rise to immediate couse (a),
w r	the tr			lost. (c)
ne lo	as b as prio	0	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?
1: The or o	icate h for use Heolth	L	CATION	Dilat flactured Mys. Old Be Tractil YES NO
Sicial	tipes tipes		CERTIFI	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.)  OR CONTRIBUTING CLAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)
PHY e be	this certiletoched Dept. o		MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
S +	e de		ME	p.m. 19 otwork otwork
NDI ed p	Aft Aft by Pe St			21. I certify that (I) (this hespital) attended the deceased from
ATT	shoul ith th			220. SIGNATURE
OR be re	× 2			M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR DIPHYS. D 9/19/67
May F		1		22c. PHYSICIANS TRAN. TUBLIN 22d. ADDRESS OU Pershung Dr. ve S./verson
10SF	O FUNERAL director, pa should be fi		230	Administration of the second o
TO HO	10 ig 4		2	FUNERAL DIRECTOR—  ADDRESS  AD
VE	R A15 (4) SM 1/67		24	W. W. Chambers Co. WASHINGTON DC. DATE SEP 2 1 1967 Charles Quese
				DAIL OF WAS AND

TO TO I STATE OF STAT THE PROPERTY OF THE PROPERTY O And the second of the second o

12719

## CERTIFICATE OF DEATH

12728

and		1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
uneral and ar deat		o. COUNTY	o. STATE b. COUNTY
E	1	montgomery MARYLAND	maryland
5 8 P		MARYLAND b. CITY OR TOWN (If outside corpolate limits, write RURAL ond give neares Newn)  MARYLAND  C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Por Sun		Talkama Park hat 17 has	Silver Spring 15-1
0 0		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS    d. STREET ADDRESS
Lir 72	71		
filled in papers hin 72 h	16	WASHINGTON SANITARIUMSHOS	1 9202 Wendell St YES NO
	1	3. NAME OF First Middle	Lost 4. DATE Month Doy Year
completely to the complete to	1 1	Type or print) IRVING LEROY	POWER DEATH SEPT 1 1967
mplet /e tar event	Y	S. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED	8. DATE OF BIRTH77/0/02 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
S A S	2	WIDOWED DIVORCED	Acopycyclogic last birthdoy) Months Doys Hours Min.
an an	4	100-USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF A	M. BIRTHPCACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
attending physician and opermit. Then please remand, and in any	In	during the first field of the even if retired High the first for the fir	District of Columbia U.S.
Sici	di	12 FATHER'S MANE	14. MOTHER'S MAIDEN NAME
y n	12	Delephone Co.	
ing phys Then p	N	James H. Power	anna Charles Crowson
re di	cal		INFORMANT Address Address
permit.	17	(Yes, no, or unknown) (If yes give wor or dotes of service) 577-01-0285	ry R. Power , 9202 Wendell St. M.
ath an			TTO CHART DALVER Spring, I'd.
the att	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
signed by the burial-transit burial, cremat	D	IMMEDIATE CAUSE (o) KUPTURED A	BDOMWAL AORIC AMEURYSM 2010
中午ち	11	451X DUE TO	
ialia	1	(b) ARTBRIO SCLBR	OSIS + HYPERTENSION VRS
signed burial burial	100	rise to immediate couse (o),	2213 VIIIPENIEITSIVY JAS
	13	stoting the underlying couse	
s been as the priar ta	(1)	[lost. ] (c)	
S D	13	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
use use	M		PERFORMED?
ficate far us Healt	99	S 20- ACCIDENT WAS INDEDIVING TO LOOK DESCRIPT HOW INHIBY OCCURRED	
	1	206. DESCRIBE HOW INJURY OCCURRED OF CONTRIBUTING CAUSE OF DEATH	(Enter noture of injury in Port I or Port II of item 18.)
ert ert bed t. o	4	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
this certi detached e Dept. a	. (	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
det de la company de la compan	0		ctory, street, office bldg., etc.)
fter be Stat	3	STATE OF WORK	6/1 10/53 6/1 10/54 70/11
er -	3	21. I certify that (I) (this haspital) attended the deceased fram_	9// 1967, to 9// 19/7 that (II) (we) last
CTOR: / shauld ith the	2 13	saw the deceased alive an 9/1 1967, and the	at death accurred at/100 pM, from causes and an the date stated above.
	M	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE/SIGNED
OIRE e 3 ed w	10	Milliam S. Jams 1/12 M	.D. PHYS. D PHYS. D 9////
		22c. PHYSICIAN'S	22d. ADDRESS
Se pe	10	NAME (TypoWilliam S. Lyon	1234 19th Street, N.W. Washinton D. C.
O FUNERAL director, pa	(1)		
Tec Tec	H	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	
5 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	01	Burial Sept 6 1967 Port Pinco	In Comptany Prince Georges Co. Md.
-	K	36 HWERAB DIRECTOR OMAS JULIS 12 8434 APPROXIS GLA HI	ZSO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A15 (4)	111	Warner E. Pumphrey, Inc. Silver Spring.	Ma. DATE SEP 8 1961 general survey
	IAL	1,	DAIL -

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

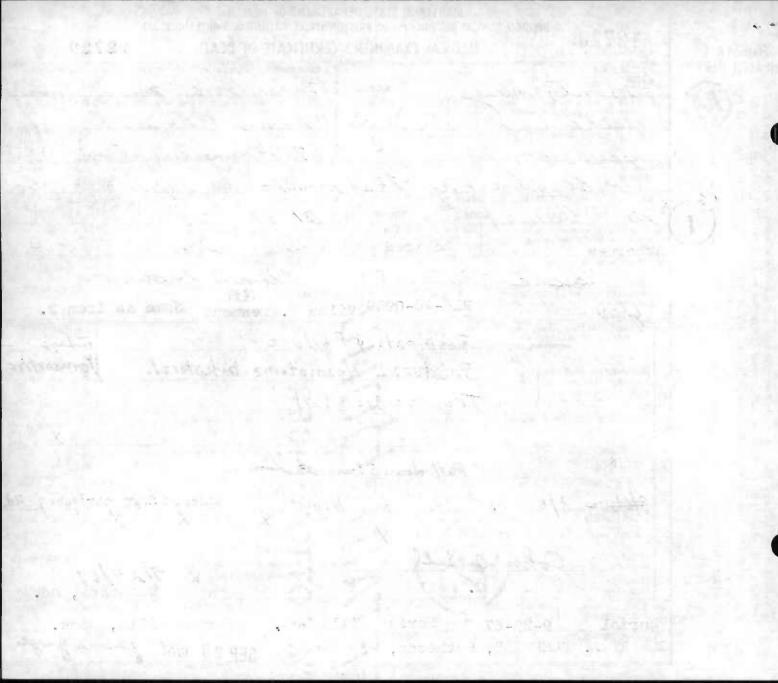
 FOR STATE 1272

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12729

TOR STATE			
HEALTH DEPT.			ISUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
6 0 S	1	a. COUNTY MARYLAND	L STATE b. COUNTY
ay is 3 to Page		110100001100	ITY OR TOWN (W outside carparate limits, write RURAL and give profest town)
del del	,	write-PIIPAI and give reparest town)	The lown by outside corporate limits, write kokal olid give hedrest lowil)
PM3.		Betherlas Godays C	heren Chase 1511
on 2, 2	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) // d. S	TREET ADDRESS   e. IS RESIDENCE
form form			6707 Connections Cive VES NO
age / O	2	MANY OF THE PARTY	
ve Pages 1, 2 with farm with 5tate Dep		NAME OF Eirst Middle	Lost 4. DATE Month Doy Year
Give Pages and with far		(Type or print) Cricker R Kesm	AND DEATH SPAR 23 1967
fte on Gi	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DAT	TE OF BIRTH 9. AGE (IP years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
0 00 0 J. F.	180		21-87   lost birthdoy)   Months Days Hours Min.
hours after death trem 18. Give Pag Office along with oped with the Sta death.	100		BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
5 5 5 5		ing most of working life, even if retired)  The most of working life, even if retired)	COUNTRY?
r's r's	A		Thila. Qa 45H
hin 24 ncil in niner's pages urs affí	13.	FATHER'S NAME 14.	MOTHER'S MAIDEN NAME
a ar		Jasoure Presmont	Hannah Nattanson
ed v in l in Ex II Ex 72 h	15.	WAS DECEASED EVED IN HIS ADMED EDDICES? 14 SOCIAL SECURITY NO. 17 INCOME	MANT Wife Address
	(Ye	es, no or unknown) (If yes give wor or dotes of service) 216-46-0959 Vilm	a V. Presmont Same as Item 2.
d be executed a "pending" in Chief Medical transit permit.	-		
		PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
be hie ans		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory For	11016- 150013-
ward ward the Cl rial-tra		TITLE TO	
		(conditions, if any, which gove) (b) JUBAUTEL HEAN	notina biLateral- 12 Months
the state of the in o		rise to immediate couse (o), stating the underlying couse DUE TO	
ficat ing rded as a and		last. (c) Treunas from f:	2//.
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEL	
This certilicate, writh be farwar be used remaval,	NO	TAKE II. OTHER SIGNIFICANT COMMINIONS CONTRIBUTION TO DEATH DOT NOT RELEASED TO THE TEL	PERFORMED?
	CERTIFICATION	Co. SUTERIUL CLINE III.	YES NO
	ZIF	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter	noture of injury in Port I or Port II of item 18.)
INER: Thi e certificat should be files. 3 shauld be ion, ar ren		PRIMARY FLOT CONTRIBUTING   Fell clown Stairs	cet kome _
Sho s	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF	INJURY (Home, form, 20f. (City or town) (County) (State)
EXAMINE THE CE UITE THE CE SIDE A SHOULD YOUR FILES Page 3 Should CE	MED		reet, office bldg., etc.) Chevy Chase Montgonera Mol
MEDICAL EXAM lease execute the director. Page 4 stained for your DIRECTOR: Page to burial, cremo			
Xec for for al,		21. I certify that I took charge of the remains described above, held on	
rical se exerctor. P ned far ECTOR burial,		death resulted from: Noturol couses [], Accident [X], Suicide [	, Homicide , Undetermined monner
MEDIC please e directar directar etained DIRECT r ta buri		ACTUAL O. D. B. B. O.	CHIEF MEDICAL EXAMINER
<u>-</u>		SIGNATURE MD	ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
UTY plant, plend control prior		EXAMINER'S TOTAL OF THE T	DEPUTY MEDICAL EXAMINER 2 7/2 9/67
o DEPUTY In necessary, property is may be reconstructed of Funeral Health prior		NAME (Type)  JOHN G. BALL	Address (Street, city, town, or county) Bethesda, Md.
necessor the fun 5 may 10 FUNE Health	230	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMA	
ひに主べるエ	F	Burial 9-29-67 Forest Hills	Cem. Forest Hills. Mass.
W 4500 CT	24	4. FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
VR A 15ME (5) 6M 1/67	R	OBERT A. PUMPHREY, Bethesda, Marylan	nd 1007 Charles man
DM 1/0/		,	DATE SEP 29 1301



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

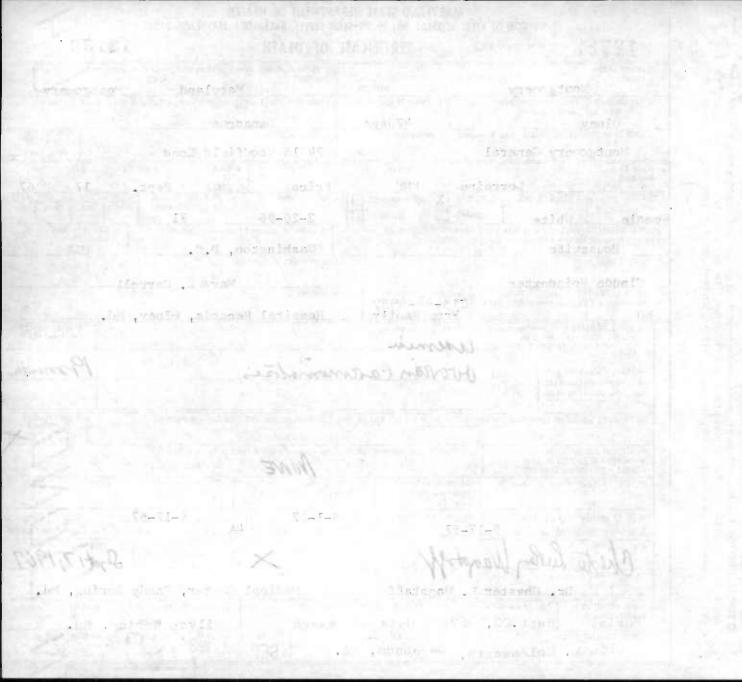
12721

#### CERTIFICATE OF DEATH

12730

	PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE o. STATE	(Where dece	osed lived, if institut b. COU		nce befor	e odmissi	on)
		Montgomery		MARYLAND		Mary	land	Mon	tgor	nery	1.
t	write RURAL an	If outside corporate limited give nearest tawn)	ts,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		rate limits, write RU	RAL ond giv	e neores	t town)	5-1
	Olne	AL OR INSTITUTION (If r	not in hospital	give street address)	d. STREET ADDRESS	mascus			1	e. IS RESI	DENCE
		omery Gene		24816 Wo	odfiel	d Road			ON A F.		
[	NAME OF DECEASED		First	Middle	Lost	4. DATE OF	Mon		Doy		
15. 5	(Type or print)	6. COLOR OR RACE	rraine	NMN	B. DATE OF BIRTH	DEATI	9. AGE (In years	I IF UNDER	1 VEAD	19 IF UNDER	67
	male	White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	2-26-96		lost birthdoy) 71 yrs.	Months	Doys	Hours	Min.
10o. duri	ing most of working	N (Give kind of work done life, even if retired)		IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Cour				TIZEN OF DUNTRY?		
12	FATHER'S NAME	ewife			Washing 14. MOTHER'S MAIDE		.C.		USA	1	
13.	FAIRER 3 NAME				14. MUTHER 5 MAIDE	N NAME					
	Claude	Poindexter				Mar	v E. Carr	011			
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES' (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addre	ess			
(10.	NO	In yes give wor or dores	OI SELVICE Z	rom Family	Hognital	Pegar	ds. Olney	ьма			
		EATH (Enter only one co			поправления				INT	ERVAL BET	WEEN
		TH WAS CAUSED BY:	2 .	4.					ON	SET AND D	HIAB
	1750	IMMEDIATE CAUSI	E TO	remin					100		
	Conditions, if ony		/ /	MADRIA BA TA	nomatis				19	mi	~th
	rise to immediat	le couse (a)	(b)	Ovan Caro	NW MOUS	<u> </u>			1/		11/100
-1	stoting the unde	rlying couse	E TO								
	last.	,	(c)						1		
CERTIFICATION	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE (	CONDITION GIV	/EN IN PART 1(o)			WAS AUTO PERFORM	OPSY ED? NO.
FEC	20o. ACCIDENT WA	S UNDERLYING	20b. DI	ESCRIBE HOW INJURY OCCURRED	. (Enter notyre of injury	in Port I or Po	ort II of item 1B.)				
		CAUSE OF DEATH MEDICAL EXAMINER)			WUNT						
ਭ	,	URY Month, Doy, Yeor	204 1	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fo	orm.   20f.	(City or town)	100	unty)		(Stote)
MEDICAL	Hour o.	m.	While	Not While of	ctory, street, office bldg., e		(city of town)	(60	VII. [7		Jiorej
		fy that (1) (this ho eceased alive on_		ded the deceased fram_ 19, and the	8-1-67 of deoth occurred	, 19, at_4A	to <u>9-17-5</u> M, from couses	7_, 19_ and on t	, th	at (1) (	we) las I above
	220. SIGNATURE	+ P. P.	Isan at	11/	ATTENDING >	MED.	STAFF		ATE SIGN		17
	22c PHYSICIAN'S	w aurium	Navyiv	Y	I.D. PHYS.	DIRECTOR	☐ PHYS. ☐	de	41	111	41
	NAME (Type	1		77		. 2 . 0				2/2	
		Dr. Ches					ter, Sand	V			
230.	. BURIAL, CREMATION REMOVAL (Specify	1		23c. NAME OF CEMETERY OF		23d. L	OCATION (City or To	wn)	(County)	) (5	tote)
	REMOVAL (Specify Burial		20,1967		Heaven	S:	ilver Sp		Md		
24.	. FUNERAL DIRECTO			ADDRESS	2So. RI	EC'D BY REGIS	RAR 2Sby RE	GISTRAR'S'	IGNATUR	19e	
	Olin	L. Moles	m a 4-7.	Damascus. Md	. SE	D % 1	196/ 1/		VA	0 1	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 3 should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67



O DEPUTY MES EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execut. A certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. fours after death. within 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, of Health or its designated agent, prior to burial, cremation, or removal, and in any event w

DEPUTY ME VR AI 5ME (5) 5M 1/65

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S, CERTIFICATE OF DEATH 12731

	OLIVIANIE OI BENIII	
1. PLACE OF DEATH a. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived, If Institution: Reason as STATE Maryland WASHING	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	. , . , .
Rural - Bethesda	Hancock	21-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Route 270	9 East Main Street	YES NO D
3. NAME OF First Middle DECEASED (Type or print) Vernon C. Puffe	Last 4. OATE Month OF EATH September	Day Year 6 1967
	8. OATE OF BIRTH 9. AGE (In years   IF UNOER	
Male Cauc. WIOOWED OIVORCEO	8.23.1913 P4/\$2/ yrs.	Oays Hours Min.
10a. USUAL OCCUPATION (GIVe kind of workdone during most of working life, even if retired)  TRUCK DRIVER	CO	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
MELVIN PUFFENBERGER	EVA F WILFONG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no. or unkown) ((If yes give war or dates of service)	ARY W PUFFENBERGER HANCOCK	MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Injuries multiple	severe	Seconds
1 × 19 0		
Conditions, If any, which \ Truck accident		Seconds
gave rise to immediate		33001111
cause (a), stating the DUE TO underlying cause last.		
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
None		PERFORMEO?
20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Port I or Part II of Item 18.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF CAUSE OF DEATH.  20a. EXTERNAL CAUSE WAS PRIMARY DI OT CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCUPANT OF CAUSE OF DEATH.  Deceased ran tract speed. Gasoline ta province of Cause	URRED. (Enter nature of Injury In Pert I or Part II of Item 18. tor trailer into bridge abutmen ank exploded and truck burned.	t at a high
3 20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
5:30 200. 9/6 1967 at work Not While Rout	te 270 None Montgome	ry Md.
21. I certify that I took charge of the remains described above, he	Id an Autopsy $X$ , Inspection $X$ , Inquiry $\square$ ,	and in my opinion
death resulted from: Natural causes , Accident X, Sui	icide , Homlcide , Undetermined manner	
0-00	CHIEF MEDICAL EXAMINER	
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER [	22. DATE SIGNED
EXAMINER'S John S. Rogers, M.D.	OEPUTY MEDICAL EXAMINER [X]  Address (Street, city, town, or county) Silver	9/6/67 minary Rd.
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	Y OR CREMATORY   23d. LOCATION (City, town or cou	Spring Md.
REMOVER (SOMELITY) 9.9.67 GREAT CAPON	GREAT CAPON MOR	GAN W.VA.
24. FUNERAL DIRECTOR AOORESS		'S SIGNATURE
Howard & offens House	9) 10 DATE SEP 1 1 1967 yours	les juages

September mine once of To simple of the control of the cont SALE U LAV. W. SVORDARASUS I L The second and the artist Associations and X and X . NY . N HARMAN The state of the state of the second state of

## MARYLAND STATE DEPARTMENT OF HEALTH

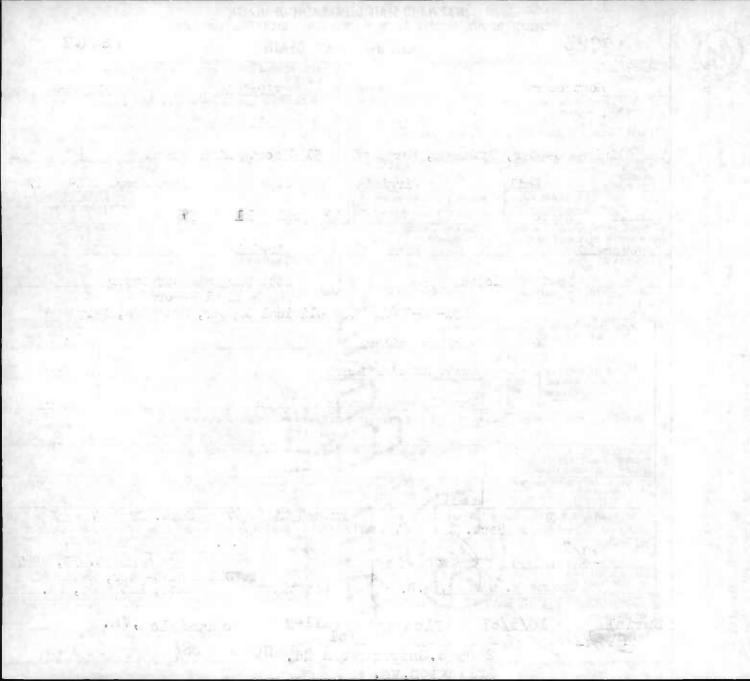
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12	723		CERTIF	FICATE	OF DEATH			12	732	2	
PLACE OF DEA     O. COUNTY	тн Montgomery		MAR	RYLAND	2. USUAL RESIDENCE (* o. STATE Vire	Where deceo	sed lived, if institu b. COI	JNTY	nce before		n) /
b. CITY OR TOY	VN (If outside carparate limi L and give nearest town) Bethesda	ts,	36 davs		c. CITY OR TOWN (If at			URAL and giv	83	.3	
	OSPITAL OR INSTITUTION (If r	, ,			d. STREET ADDRESS	1 00	1 04			ON A FA	
3. NAME OF DECEASED (Type or print)	<u>ical Center</u> Emil	irst	Middle Virgi		Lost Randolph	4. DATE OF DEATH	Mai	nth	Doy 29	Yeo	ır
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D X 8	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months		IF UNDER	
Female	Negro	WIDOWED	DIVORCE	D 🔲	13 April 19	11	56 yrs.		50,1	110010	
10a. USUAL OCCUPA during most of wor House 13. FATHER'S NAM		10b. KIND INDU	OF BUSINESS OR STRY None		11. BIRTHPLACE (County  Virgi 14. MOTHER'S MAIDEN	nia	reign country)	CC	ITIZEN OF DUNTRY? JSA	WHAT	
IS. FAIRER S NAM	Lewis Ra	ndolph					nia Carp	enter			
IS. WAS DECEASED (Yes, no, or unknown) NO	DEVER IN U.S. ARMED FORCES: wn) (If yes give wor or dates	of service)	CIAL SECURITY NO. -22-9864		FORMANT The M	edical	l Record	ress	⁄arv1	and	
PART I.  204 Conditions, if rise to imme	any, which gave	(c) Cardi 10 (b) Acute	iac Failu e Renal F	Failur	e s Leukemia				29	ears	
САПОР	R SIGNIFICANT CONDITIONS									WAS AUTO PERFORME	
OR CONTRIBUTION (IF EITHER, NO	T WAS UNDERLYING  TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY C	OCCURRED. (	Enter nature of injury in	Part I or Pa	rt II of ilem 18.)				
Hou Hou	INJURY Manth, Day, Year r a.m. p.m. 19	While at work		facta	E OF INJURY (Hame, farm ry, street, affice bldg., etc.	)	(City ar tawn)		iunty)		State)
21. I co	ertify that (X) (this ha e deceased alive an_	spital) attended Sept . 29	d the deceased	I fram <u>A</u> and that	ugust 24 , 1 death accurred at	4:05 N	a <u>Sept.</u> A, fram causes	and an t	he date	stated	ve) la: abav
220. SIGNAT	Honnas	le	andr	M.D.		P.M. MED. DIRECTOR		Sep	t. 3	0, 1	967
22c. PHYSICI NAME (1		Clancy	M.D.		22d. ADDRESS Th Institute	ne Cli es of	nical Ce Health,	Bethe	Nat:	iona. Md	1
230. BURIAL, CREM REMOVAL (Sp Burial			23c. NAME OF CAM				CATION (City or I	,	(Caunty)	ì	tote)
24. FU	Millip &	2605	haddress ;	tuner	alley 250. REC'	D BY REGIST	1967 1967	registrar's	SIGNATURI		

Arlington, va.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician ond completely filled be director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-pagers, should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within  $Z^{*}$  h Poge 4 may be retoined by the hospitol or ottending physicion. VR A15 (4) 25M 1/67

by the funeral Pages 1 and hours after dea



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 79%

#### CERTIFICATE OF DEATH

12733

	ZW I W T	OI DEATH				
T.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)				
	o. COUNTY	O. STATE , COUNTY L				
	Montgomery MARYLAND	Maryhand Prince Deorges				
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)					
	write RURAL and give negrest town) Takorna rock 24 days	Chillan 16-2				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE				
	d. NAME OF HOSPITAL OK INSTITUTION (IT HOT III HOSPITOI, give street oddress)	ON A FARM?				
	Washington SAM. + Hosp.	1108 Oakdale Dr. YES NO 18				
3.	NAME OF First Middle	7 Lost 4. DATE Month Doy Year				
1	OFCEASED (Type or print) Gessie Flizaboth K	atterree DEATH Sept. 10 1967				
1		DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.				
1/	C I WHITE LI	last hirthday) Months Days Homes Min				
1	re widowed Divorced	8-23-86 St yrs. months boys moots mill.				
	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT				
dur	ing most of working life, even if retired) INDUSTRY	Ha, COUNTRY?				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
13.	11. 10.	14. MUTHER'S MAIDEN NAME				
	William Fettords	FLORANCE Club ton				
15	WAS DECEASED EVER IN IL SARMED EXPLES? 16 SOCIAL SECURITY NO. 17 III	NFORMANT U Address				
{11	ss, no, or unknown) (If yet give war or dotes of service) 217-52 8282	ed. records. Wash. Son. Hosp.				
=		ed. records. Wash. Sta. Hosp.				
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	ONCET IND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) - Caralio V 08	culato y fai lu re.				
	33/X DUE TO	17-17.67				
	Conditions, if ony, which gove ) (b) cerele w vas	unlan accident				
	rise to immediate couse (a),	24 days				
	storing the underlying couse	~ · · · · · · · · · · · · · · · · · · ·				
-	lost. (c)					
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY				
101	old age.	PERFORMED?				
2						
CERTIFICATION	206. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or Port II of item 18.)				
	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
MEDICAL		E OF INJURY (Home, form, 20f. (City or town) (County) (Stote)				
MED		ory, street, office bldg., etc.)				
	Pair Of Work Co at Work	7 14 10 6/ 8/ 15 10/67				
	21. I certify that (I) (this hospital) attended the deceased fram	1-4., 19 6/, ta 9-10, 196/, that (I) (we) last				
	saw the deceased alive an $9-67$ , and that	death accurred at $7.18  P$ M, from causes and on the date stated obove.				
	220. SIGNATURE	22b. DATE SIGNED				
	200 SIGNATURE CO CO CO MADON M	ATTENDING MED. STAFF DIRECTOR PHYS.				
13	22c. PHYSICIAN'S VIED OV	22d. ADDRESS 10236. N. H. carel 1				
	NAME (Type) VERONIKA TROUST.	Silver spring mandand.				
22.	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C					
230	PEMOVAL (Specify)	(				
	SURIAL 17-14-6,1 ELMWOOD	CEM. COLUMBIA SOUTH CAROLINA				
24	FUNERAL DIRECTOR ADDRESS ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE				
	Why Styndens 16 Dans Will	DATESFP 1 3 1967 Williamles Judge				
	T. I THEY CONTINUE TO	A() I WELL O WOL				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in apprevent, within 72 haurs offset-death.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12734

4 22.4	_	CERTIFICATE OF DEATH
death unera and and death	1	
4-		a. STATE (/ b. COUNTY )
e e e		MONTGOMERY. MARYLAND WASHINGTON J.C. 9/
after after		b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give nearest town)
Hours Bond	-	CLARY MASHINGTON - 11.C.
2 ad	-	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
filled paper n 72	2	
		BROOKE OPONE TOUNDATION. 12/13 18- OT. N. C. YES NOW
vithin etely roon with	3	NAME OF First Middle Last 4. DATE Month Oay Year OECEASED OF
N SER		(Type or print) LAURA BOSS KEED, DEATH 9- 9- 1967
executed within and completely remove carbon name event with	5	OCY CONTROL OF THE PROPERTY OF
nd con move in each	11	SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years   IFUNOER 1 YEAR   FUNOER 24 HRS.   Months   Days   Hours   Min.
and and	4	ENALE WHITE WIDOWED DIVORCED FEB. 22-1886 8/ VIS.
in a in a	1	Da. USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
cian ase nd in		uring most of working life, ever if retired)   INDUSTRY   COUNTRY?
O AMERICAN AND AND		LANSBURGH SPEES LOND HEPT. STOPE PRITTMORE ( D-MI) 1.S.
physi n ple val, a	1	3. FATHER'S NAME
certificate nding phys Then ple removal, a	1	1/1 DC -
T EFE		WILLIAM DAGGS. MANIE TRISTLIA KUTH.
2 P		S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address
death certificate attending permit. Then	10	Yes, no, or unknown) (If yes give war or dates of service) 577-24-8820
dea e a per ion	-	NO. WILLIAM & UPTIVE TOVING HORKAI
the the atio		18. CAUSE OF DEATH [Enter only one cause per life for (a), (b), and (c).]
at the deat ian. d by the at ransit pern cremation,		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  ONGESTIVE HEART FAILURE  IMMEDIATE CAUSE (a)
d d d	1	IMMEDIATE CAUSE (a)
sic sic		14 day our to Vac
phy phy sig buri buri		Conditions, If any, which (b) PULMONARY EDEMA. 125.
quir	-	gave rise to immediate
		cause (a), stating the DUE TO HRTERIOSCLEROTIC C. V. DISEASE YRS.
ttendi ttendi has b as tt prior	-	
he hatta	20	
4: The last or at ificate for use Health	CERTIFICAT	OPEANIC BRAID SYNDROME SENILITY YES NO NO
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D d t	E	20a. ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
t. the ce	100	(IF EITHER, NOTIFY MEDICAL EXAMINER)
HYSICI ne hos this ce etache Dept.		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
0 + 0 0	15	Hour a.m. While Not While factory, street, office bldg., etc.)
JING PI d by th After t d be de d be de	MEDICAL	p.m. 19 at work at work
AAP	1"	
ined ined ined ined ould the		21. 1 destrip that hy tens hospital detailed the decided from 1
reta reta 3 sho with		saw the deceased alive on 1961, and that death occurred at 8 A M, from the causes and on the date stated above.
Wie		22a. SIGNATURE
OR ATTEN be retain OIRECTOR: ge 3 shou led with th		M.O. ATTENDING MED. STAFF 9-9-67
		226. PHYSICIAN'S
PIT 4 TH A PIT OF, OF, Dee		NAME (Type) /) ONDID & FINIS TOD PLOYERS (IN IFP. OP) NO HA
Page 4 mai ro Funeral director, pa should be fi	-	DUNALD N. LEVIN 100 (LOVELY STEVENY TA
Page A FUNI	2	3a. BURIAL CREMATION, 23b. OATE THEREOF   239 NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
5 5 5 S		BEMOVAL (Sportly) Sept 11.1967 Glenwood Cimition Marhenators DC
	1-	24. FUNERAL DIRECTOR. ADDRESS   1 28a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
	1	VI I I I I I I I I I I I I I I I I I I
VR A15 (4)	1	Within Waller 254 Carroll DINW. D & POATE SEP 13 1968 Junes July

VR AI5 (4) 20M 1/65

AALED SONE KEED The state of the s 一分工工工工程的基础 Harman To Chapman Ham Famuer PULLULUE VERENTA THETER ISSELEROTICE OF DEFINE PERSONE SHEDD SHODENE SENDENT Contract to the second of the 19-6-61 DOWNER K LEAVE TOO CONNEY LANGER & CENTRAL Bureas Sales 1967 Dean of Bendly - Show to The Walley 254 Course William A Fr Server

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12735 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) VIRGINIA ARLINGTON o. COUNTY and 3 ta M3. Page MONTGOMERY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (II autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 1h PM3. write RURAL and give nearest town) ARLINGTON PARK TAKOMA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 Give Pages 1, Examiner's Office alang with farm North 2503 RD. WASHINGTON SAN. HOSP ate NO P after death. NAME OF Middle 4 DATE Month Day DECEASED WITH THE MILDRED ORRAINE (Type or print) DEATH K IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours in Item 18. 1-29-16 Female WHITE WIDOWED DIVORCED 24 haurs deat and IDo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY XXXX. Maruland COUNTRY? event within 72 haurs after AMER pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME MARY ELLEN LIPPHARD CHARLES permit. File 17 INFORMANT 9 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. ward "pending" in the Chief Medical (Yes, no or unknown) (If yes give wor or dotes of service) MR. GEORBE KICE NONE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH Pendind Acute alcoholism with IMMEDIATE CAUSE (o) writing the ward DUF TO any Conditions, if any, which gave aspiration of gastric contents 0 rise to immediate couse (a). = DUE TO D stoting the underlying couse forwarded gud 90 last. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY crematian, ar remaval, CERTIFICATION certificate. be pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING should CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) While Not While ar your may be retained far your FUNERAL DIRECTOR: Page ot work please execute ot work 21. I certify that Look charge of the remains described above. Held on Autopsy nspection ond in my opinion burial director. death resulted from Natural couses CHIEF MEDICAL EXAMINER prior to **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral TO FUNER Health NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY the 23b. DATE THEREOF 23d. LOCATION (City or Jown 23g. BURIAL CREMATION (State) BEMOVAL (Specify) Arlington 14 Sept. olumbia Gardens Va. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTBAR'S SIGNATURE VR A15ME (5) Marylan lington, 6M 1/67

Item 18 Film 392 9-19-67MARYLAND STATE DEPARTMENT OF HEALTH

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the 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and caraplately filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pag shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any everty within

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12736

	16666	CERTIFICATE	OF DEATH	
1.	PLACE OF DEATH  a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATE/ b. COUNTY	D).
	Monlyomery -	MARYLAND	Maryland Wasningto	17.
	b. CITY OR TOWN (If aufside carparate fimits, write RURAL and give pearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)	1-2
	Kensington -	22 days	Frageislovin- (fallembel 1964) Hely	6/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street oddress)/	d. STREET ADDRESS  e. IS RESIDI	ENCE PM2
1	Censington Gardens X	uising Home	305-N. Mulberry Street. YES	- American
3.	NAME OF First DECEASED	Middle	Last 4. DATE / Manth Doy Year	1
L	(Type or print) V////	IE F. KI	I CLENOILR DEATH SOPTEMBER 12 196	
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 1 OF UNDER 1	24 HRS.
	Female White V	VIDOWED DIVORCED -	une 16 /886 5/ yrs.	Will.
10	a. USUAL OCCUPATION (Give kind of work dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country)  12. CITIZEN OF WHAT COUNTRY?	
	ring most of working life, even if retired) HOMEMAKER	OWN HOME	U.S. H. Yes	
13	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
L	JOHN E. RIDENOUR		CELIA ROWLAND	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknown) (If yes give war ar dates af sen		NFORMANT 305 Address MULBERRY STR	EET.
L	NO ****	213-18-8043 T ME	RS. KATIE WIDDOWS, HAGERSTOWN, MARYLAN	D
	18. CAUSE OF DEATH (Enter only one cause po	er line far (a), (b), and (c).)	1 MTERVAL BETV	
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	generale	& TTMOSCHEWSIS VALOR	
1	4201 DUE TO	120 1 11 11		
	(b)	1 100 apre M	youardeal orfaction of de	7
	stating the underlying couse DUE TO			/
	lost. (c) _			
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME	
PA			YES N	NO D
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (	(Enter nature of injury in Part I or Part II af item 18.)	
8	(IF EITHER, NOTIFY MEDICAL EXAMINER)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Hame, form, 20f. (City or tawn) (County) (S pry, street, affice bldg., etc.)	itate)
×	p.m. 19	at wark at work		
	21. I certify that (I) (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		tregut, 19 67, to mesent 19_, that (1)	
	saw the deceased alive on De	190/, and that	death accurred at 1/ DM, fram causes and an the date stated	obove.
	22a. SIGNATURE	1111	ATTENDING MED. STAFF 22b. DATE SIGNED	7
	an allert to the	1 Steel M.D	22d. ADDRESS	
Г	22c. PHYSICIAN'S NAME (Type) FRED A. C	GUY . M.D.	4743 BRADLEY LANE, CHEVY CHASE, MARY	LAND
22	o. BURIAL, CREMATION, 23b. DATE THEREO			
	REMOVAL (Specify)			ote)
-	BURTAL 9/14/6	7 ROSE HILL CE	EMETERY HAGERSTOWN WASH CO. MD. 25g. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	-
1	CHADIBO M DOWN	WDDVE33	230. RECU BY REGISTRAR 230. REGISTRAR 3 SIGNATURE	

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

#### CERTIFICATE OF DEATH

12737

2 -			CERTIFICATE OF DEATH
and 2			LACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
		0	COUNTY Mantagnery MARYLAND O. STATE MACULAND b. COUNTY Montagnery
Pages T urs after		h	CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
S ag		-	write RURAL and give-pearest lawn)
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ers 72 h	11	d	. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
ratbee papers.	1	1	Vashington San + Hosp.   1220 Vale Driver 185   NOD
- 8 = 1			IAME OF First Middle Last 4. DATE Manth Day Year
pnysician and completely en please remave carbon aval, and in any event, wil	/	(1	ige or print) Charles Howard Ricaner Death Sept. 9 1967
	/	S. S	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE F BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR.
ease remave and in any ev		1	late wh WIDOWED   DIVORCED   5-4-01   last birthdoy) Months Days Hours Min.
ren		10o.	INVINCENTATION (C. 1.) I I I I I I I I I I I I I I I I I I I
ase od i		durin	USUAL OCCUPATION (Give kind at work done in gmost of working life, even if retired)  10. KIND OF BUSINESS OR  11. BIRTHPLACE (County & Stote, or foreign cauntry)  12. CITIZEN OF WHAT  (OUNTRY?)
olec ar		13	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
Na Na			W. I.C.
THE DE		10	WITHIAM H RIEGHET DIEGHET L'SCHALL COUNTY NO 13 MICROMANT
# E			WAS DECEASED EVER IN U.S. ARMED FORCES? ( 16. SOCIAL SECURITY NO. 17. INFORMANT, no. or unknown) (If yes give war or dates of service)
n, d			No (It yes give war or dates of service) 7/8-10-6060 Hospita Records Silver-Spring, Ma
signed by the areatoning prosecutions and continuous burial-transit permit. Then please remave burial, crematian, ar remaval, and in any ev			18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)
ınsi			PART I. DEATH WAS CAUSED BY: ONSET AND DEATH COUNTRY Occurrence ONSET AND DEATH MMEDIATE CAUSE (a)
			4201 DUE TO
burial-1 burial,			Conditions, if any, which gave) (b) ( alonary Insufficiency 4 2 da
			nse to immediate cause (a), stating the underlying cause DUE TO
as the priar ta	-51		last. (c) Williastlerolic Heart Dizease Severalge
se as th pria		_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p)  19. WAS AUTOPSY PERFORMED?
far use Health	1	CERTIFICATION	anoxia Que to assiration of Vornitus 4/2 Days as YES NO [
far u Hea	1	Z -	20a. ACCIDENT WAS UNDERLYING \( \) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 1B.)
below		ERT	OR CONTRIBUTING ☐ CAUSE OF DEATH
ache ept.			(IF EITHER, NOTIFY MEDICAL EXAMINER)
detached e Dept. a		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factary, street, office bldg., etc.) 20f. (City or town) (County) (State)
ate		E	p.m. 19 atwark   atwark
Stat			21. I certify that (1) (this hospital) attended the deceased from October 1957, to 9 Sept., 1967, that (1) (***) lo
shauld ith the			saw the deceased alive an 9 Sept 1967, and that death accurred at 2:20 M, from causes and an the date stated above
			220. SIGNATURE)  ATTENDING MED. STAFF 22b. DATE SIGNED
			Russell 13. Under M.D. PHYS. DIRECTOR D PHYS. DI 9/9/67
director, page shauld be filed	,		22c. PHYSICIAN'S D. CCC// D. A. J. D. A. d. 22d. ADDRESS 1106 Spring Street
- 0	1		NAME (Type) KUSSELL B. HVNOLAM.A. Silver Spiling, and
director		230.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
dire		700	REMOVAL (Specify)  12 1967 Nortend Constant Chambersburg Pennsulvania
	1	026	PHIERAL CHECTOR GLEN Carter 8434 APPRESINGIA HVENUE 250. REC'D BY REGISTRAR'S SIGNATURE
15 (4)	1	Wa	rner & Pumphrey, Inc. Silver Spring 11d. DATO 1 3 1967 Policyles July

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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PLACE OF DEATH     O. COUNTY	ontgomery		MARYL	AND	2. USUAL RESIDENCE (W		ived, if institution b. COUNT		t Marys
	(If outside corporate limits ad give neorest town) da	,	LENGTH OF STAY IN 22 days	16	c. CITY OR TOWN (If our		imits, write RURA	L ond give neo	orest town) 18-2
d. NAME OF HOSPI	TAL OR INSTITUTION (If no	t in hospitol, give	street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Naval H	ospital, Bet	thesda,	Md.		73 Chin1	ee Driv	re		YFS NO
3. NAME OF DECEASED (Type or print)	John Fire	st Robe	Middle		Lost R <b>INK</b>	4. DATE OF OEATH	Month Septemb		2 19 67
S. SFX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	1 1		IF UNDER 1 YEA	
Male	Caucasian	WIDOWED	DIVORCED	□   8	DECEMBER 1	.919 4	birthdoy)	Months Ooy	s Hours Min.
100. USUAL OCCUPATIO during most of working U. S. NA	N (Give kind of work done of life, even if retired)	10b. KINO INDU	OF BUSINESS OR STRY USN		11. BIRTHPLACE (County )		YORK	U. CITIZEN	
13. FATHER'S NAME John F			4 33		14. MOTHER'S MAIDEN N	ERTON			
15. WAS DECEASED EV (Yes no or unknown)	FR IN U.S. ARMFD FORCES?		CIAL SECURITY NO. -12-8017		eline L. Ri	ink		nlee Dr	
Conditions, if on rise to immedio stoting the undilost.	ote couse (o), erlying couse DUF	(c)	OEATH BUT NOT RFLA	ITEO TO TI	1E TFRMINAL OISFASF CON	IDITION GIVFN II	N PART 1(o)		19. WAS AUTOPSY
ZATION	AS UNDERLYING				Enter noture of injury in I				PFRFORMFD? YES  NO
	G  CAUSE OF DEATH Y MEDICAL EXAMINER)								
20c. TIME OF IN. Hour o	JURY Month, Doy, Yeor .m. 19	While of work	Not While ot work	focto	E OF INJURY (Home, form ry, street, office bldg., etc.)		ity or town)	(County)	
21. I cert saw the c	ify that★) (this has deceased alive on	pital) attended 2 Sep	d the deceased t	ram_1 nd that	1 August , l death accurred of	9_67 , ta 4 7:50AM, fr	rom causes a	nd an the d	that \$0 (we) lo late stoted abov
220. SIGNATURE	1152	BEKG	25(Ne)		ATTENDING PHYS.	MFD. DIRECTOR	STAFF PHYS.	22b. DATE S	
22c. PHYSICIAN' NAME (Typh		BERG LAT	MC USN		Naval I	Hospital	L, Bethe	sda, M	aryland
230. BURIAL, CREMATI			23c. NAME OF CEMET Arlington			Arr7 -	ington,	Virgin	inty) (Stote)
Matting I	Funeral Ho	les	ADDRESS nard Town,	, Md	2So. RFCI	EP REGISTRAR	1967 RFG	ISTRAR'S SIGNA	TURF (Juages

DATE

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitted a director, page 3 should be detached far use as the burial-transit permit. Then please remave carben page should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

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## MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL 2739 1

saw the deceased alive on 29 Sept 19 67, and that death accurred at 1:15PM, from causes and an the date stated obove.  220. SIGNATURE  M.D. ATTENDING MED. DIRECTOR STAFF 22b. DATE SIGNED  22c. PHYS. Clan'S  NAME (Type) Lt D. R. FOREMAN, MC, USN  23o. BURIAL, (REMATION, Bethesda, Md.  23o. BURIAL, (REMATION, BRANCY Specify)  23b. DATE THEREOF Camp Hill  23c. NAME OF CEMETERY OR CREMATORY  Camp Hill, Cumberland, Penn.  24 FUNREAL DIRECTOR  25o. RECD BY REGISTRAR 25b. REGISTRAR SIGNATURE	16600	CERTIFICATI	E OF DEATH		
Montgomery  Marryland  Maryland  CITY OR TOWN (II outside corporate limits, write RURAL and give nearest fown)  Bethesda (rural)  113 days  Lexington Park  James Naval Hospital II SHERIHURON (II outside corporate limits, write RURAL and give nearest fown)  Bethesda (rural)  13 days  Lexington Park  Lexington Park  Lexington Park  Lexington Park  Lexington Park  James Naval Hospital II SHERIHURON (II outside corporate limits, write RURAL and give nearest fown)  Bethesda (rural)  13 days  Lexington Park  Le					Residence before odmission)
Bethesda (rura)   113 days   Lexington Park	Montgomery		Maryland	-	ST. MARY
d. SNRIGH ADDRESS  NAVAI HOSPITAL IN HOSPI	write RURAL and give nearest town)				and give neorest town)
Naval Hospital   S. NAME OF DECEASED   First   Middle Ris hell Lost   4.7 E. Rennell Ave.   YES   Doy   Year   DECEASED   Type or point)   Sylvia   Rae   RicHEL   Sylvia   RicHEL		spital, give street oddress)			
DECEASED (Type or pint)   Sylvia   Rae   RICHEL   DEAH   September   29   1967			47 E. Rennel	Ll Ave.	
Sylvia   Rae   RICHEL   DIAN   September   29   106. To   106. COUNT ON RACE   T. MARRIED   NEVER MARRIED	3. NAME OF First	Middle Risl			Doy Year
S. SEX 6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   28 Sep. 1940   27 yrs.   Months   Doys   Hours   Min.      Dio USUAL DICUPATION (Give kind of work done   DIVORCED   DIVORCED   28 Sep. 1940   27 yrs.   Months   Doys   Hours   Min.      Dio USUAL DICUPATION (Give kind of work done   DIVORCED   DIVORCED   DIVORCED   Transport of working file, went if retired   Divorced   Divorce			T-01 V-199 V-1	of DEATH September	29 1967
Cauc   WiDOWED   DIVORCED   28 Sep. 1940   27 yrs.		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years   IF	UNDER 1 YEAR   IF UNDER 24 HRS.
10. SUALA OCCUPATION (love kind of work done during most of working life, even if retired)   10b. SUALD OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (county & Stote, or foreign country)   12. CITIZEN OF WHAT during most of working life, even if retired)   12. TATHER'S NAME   13. FATHER'S NAME   14. MOTHER'S MADIE NAME   14. MOTHER'S MADIE NAME   15. WAS DECEASE DEVER IN U.S. ARRADE FORES? (15. SOCIAL SECURITY NO. 170 32 3316   14. MOTHER'S MADIE NAME   14. MOTHER'S MADIE NAME   14. MOTHER'S MADIE NAME   15. RESTRICT NAME   15. WAS DECEASE OF COMMENT OF THE NAME   15. SOCIAL SECURITY NO. 170 32 3316   15. SOCIAL SECURITY NO. 170 32 32 3316   15. SOCIAL	Female Cauc WID	OWED DIVORCED	28 Sep. 1940		onths Doys Hours Min.
Harrisburg, Pa. USA  Is fallers name  Sylvester U. Hammacher  Is WAS DECARD EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or doles of service)  In O 32 3316  In HORMANI  In CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).  IMMEDIATE CAUSE (o)  DI abetus Mellitus, Juvenile, refactory  ONSET AND DEATH  ONSE	10o. USUAL OCCUPATION (Give kind of work done				
13. FAITHER'S MANDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAS DEFASED PER INU. S. ARRAD FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   147 E. Redfiell Ave.   170 32 3316   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)   18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)   19. WAS AUTORSY   19. CONDITIONS (ONE)   19. WAS AUTORSY   19. CONDITIONS (ONE)   19. WAS AUTORSY   19		INDUSTRY	Harrisburg, I	Pa.	
16. SOCIAL SECURITY NO.   17. INFORMANT   14.7 E. Redffell Ave.   18. CAUSE OF DEATH (Infer only one couse per line for (o), (b), and (c).   18. CAUSE OF DEATH (Infer only one couse per line for (o), (b), and (c).   19. WAS AUTOPSY   19. DEATH   19		4478	14. MOTHER'S MAIDEN NAME		
16. SOCIAL SECURITY NO.   17. INFORMANT   14.7 E. Redffell Ave.   18. CAUSE OF DEATH (Infer only one couse per line for (o), (b), and (c).   18. CAUSE OF DEATH (Infer only one couse per line for (o), (b), and (c).   19. WAS AUTOPSY   19. DEATH   19	Sylvester II. Hammacher		Erma Kinter	•	
170 32 3316   James A. Richel Lexington Pk., Md.	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.			Ave.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   DIE 10     Storing the underlying couse   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19. WAS AUTOPSY PERFORMED?   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19. WAS AUTOPSY PERFORMED?   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)   19. WAS AUTOPSY PERFORMED?   PERFORMEN?   PERFORMED?   PERFORME			mag A Richal		
PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)     DUE TO     Conditions, if ony, which gove rise to immediate couse (a), stoling the underlying couse (b)     Iost.     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(b)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART I(c)     PART II. OTHER SIGNIFICANT CONDITI			Mes W. WICKET	TEXTUROUN TA	
DUE TO  Conditions, if ony, which gove rise to immediate couse (o).  DUE TO  (c)  DUE TO  (d)  DUE TO  (d)  DUE TO  (e)  DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PRATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PRATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PRATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PRATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PRATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PRATE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PRATE II. OTHER SIGNIFICANT CONDITIONS COURSED  VES. NO   200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (FEBRUARY)  While CITY MEDICAL EXAMINER  200. TIME OF INJURY MCDIVEY MONTH, Doy, Yeor Mile While of While of Work of Injury in Port I or Port II of item 18.)  21. I certify that (X) (this haspital) attended the deceased from June 1.3 , 19 67 , to Sept 29 , 19 67, that (X) (we) last saw the deceased alive an 29 Sept 19 67, and that death accurred at 1.15 pm, from causes and an the date stated above.  220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  ADDRESS  DUE TO  19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNED  19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNED  19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGNED  19. WAS AUTOPSY PERFORMED?  PART II. OTHER SIGN III (o)  PART III. OTHER SIGN III (o)  PART III. OTHER SIGN III (o)  PART III. OTHER SIGN II	PART I. DEATH WAS CAUSED BY:		.Tuvenile re	factory	
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nise to immediate couse (a), storting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  20. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Doy, Year Hour o.m.  19 of While of INJURY OCCURRED forty, street, office bidg., etc.)  21. I certify that (X) (this haspital) attended the deceased fram June 13 , 19 67, to Sept 29 , 19 67, that (X) (we) last saw the deceased alive on 29 Sept 19 67, and that death accurred at 1:15 IM, from causes and an the date stated above.  220. SIGNATURE  220. SIGNATURE  220. BURIAL (REMATION, PHYS. 22d. ADDRESS Navel Hospital, NNMC, Bethesda, Md.  230. BURIAL (REMATION, BIRMOVA (Specify) 10 / 4 / 67 Camp Hill Camp Hill Camp Hill Camp Hill, Cumberland, Penn.	Conditions if any which cave				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT ON THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)    PART II. OTHER SIGNIFICANT ON THE TERMINAL DISEASE CONDITION	rise to immediate couse (o),				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED? YES NO   20d. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20d. TIME OF INJURY Month, Doy, Yeor Hour on 19 of work o	storing the underlying couse				
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19  20d. INJURY OCCURRED While of work of lot wo	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	JTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	PERFORMED?
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19  20d. INJURY OCCURRED While of work of lot wo	20g. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Port I	or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.  p.m.  19  20d. INJURY OCCURRED While of work of lot wo	© OR CONTRIBUTING □ CAUSE OF DEATH				
21. I certify that (X) (this haspital) attended the deceased fram June 13 , 1967, to Sept 29 , 1967, that (X) (we) last saw the deceased dive on 29 Sept 1967, and that death accurred at 1:15PM, fram causes and an the date stated above.  220. SIGNATURE  220. SIGNATURE  M.D. ATTENDING MED. DIRECTOR PHYS. 30 Sept 1967  221. DATE SIGNED 222d. ADDRESS  NAME (Type) Lt D. R. FOREMAN, MC, USN  Naval Hospital, NNMC, Bethesda, Md.  230. BURIAL (REMATION, Burial, CREMATION)  231. DATE THEREOF Camp Hill  Camp Hill, Cumberland, Penn.	20c. TIME OF INJURY Month, Doy, Yeor			20f. (City or town)	(County) (Stote)
21. I certify that (X) (this haspital) attended the deceased fram June 13 , 19 67, to Sept 29 , 19 67, that (X) (we) last saw the deceased alive on 29 Sept 19 67, and that death accurred at 1:15 PM, from causes and an the date stated above.  220. SIGNATURE  220. SIGNATURE  M.D. ATTENDING MED. DIRECTOR STAFF PHYS. W 30 Sept 1967  221. PHYSICIAN'S NAME (Type) Lt D. R. FOREMAN, MC, USN  222. PHYSICIAN'S NAME (Type) Lt D. R. FOREMAN, MC, USN  223. BURIAL (REMATION, Bethesda, Md.  230. BURIAL (REMATION, Bethesda, Md.  230. BURIAL (REMATION, City or Town) (County) (State)  231. Lecrify that (X) (we) last	p.m. 19	of work of work	crory, street, office blug., etc.)		
220. SIGNATURE  M.D. PHYS. DIRECTOR DIR	21. I certify that (X) (this haspital)	attended the deceased fram_	June 13 , 196	7, to Sept 29	, 19 <u>67</u> , that ( <b>X</b> ) (we) last
ATENDING DIRECTOR STAFF PHYS. x 30 Sept 1967    22c. PHYSICIAN'S NAME (Type) Lt D. R. FOREMAN, MC, USN   22d. ADDRESS Naval Hospital, NNMC, Bethesda, Md.	saw the deceased alive an 29 S	ept 19 67, and the	at death accurred at 4:1	15PM, fram causes and	an the date stated above.
M.D. PHYS. DIRECTOR PHYS. X 30 Sept 1967  22c. PHYSICIAN'S NAME (Type)Lt D. R. FOREMAN, MC, USN  Naval Hospital, NNMC, Bethesda, Md.  23o. BURIAL (REMATION, BUTIAL)  23o. BURIAL (REMATION, BUTIAL)  23o. BURIAL (REMATION, Cloudy)  23o. BURIAL (Specify)  23o. BURIAL (Specify)  23o. REGISTRAR 25b. REGISTRAR	220. SIGNATURE		ATTENDING - MED	STAFF	
NAME (Type) Lt D. R. FOREMAN, MC, USN Naval Hospital, NNMC, Bethesda, Md.  230. BURIAL (REMATION, BURIAL) (REMATION, BURIAL) (Specify)  10/4/67  Camp Hill  230. REGISTRAR SIGNATURE  ADDRESS  250. REGISTRAR SIGNATURE		M	.D. PHYS. L DIREC	TOR PHYS. 12 3	0 Sept 1967
Burial Camp Hill, Cumberland, Penn.		IAN, MC, USN		al, NNMC, Bet	hesda, Md.
Burial Camp Hill, Cumberland, Penn.		23c. NAME OF CEMETERY OF	CREMATORY . 2	3d. LOCATION (City or Town)	(County) (Stote)
24. FUNERAL DIRECTOR 250. RECU BY REGISTRAR 250. REGISTRAR'S SIGNATURE	manufacture and a				, ,, , ,
				REGISTRAR 2Sb. REGISTE	RAR'S SIGNATURE
Wisconsin Ave., Bethesda, Maryland	Wisconsin Ave. Retheads	. Maryland	DACT 3		wes Judge

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detoched for use os the burial-tronsit permit. Then pleose remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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7 30 Sept. 1997	The Real Property lies		200	
al, 1697, Detaerds. MG.	Jigsoll Isyall	34, M., 925	and doing	
Suga Bust nederly . C. H. cyan.		ALMI gent	78 A. L. A. S.	Le/tes
1887 John Co. 1789	K Ton-L	Someth Ave.	Mull. 1557 is Ave., Selmando	oranonolw

# FOR STAT

2, and 3 ta PM3. Page

in pencil in Item 18. Give Pages 1,

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form

please execute the certificate, writing the ward

MEDICAL EXAMINER:

TO DEPUTY necessary,

This certificate shauld be executed

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12740 2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)

T		L RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
	o. COUNTY MONTGOMENY MARYLAND	Dic.
	b. CITY OR TOWN (If outside approach limits, write RURAL and give nearest town)  C. CITY OF STAY IN 1b  C. CITY OF	OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street dates) d. STREE Washington Sanitarium Hospital 40	TADDRESS 4 HSt. S.E. Apt. 103 e. IS RESIDENCE ON A FARM? YES NO IN
3	3. NAME OF DECEASED (Type or print) Paul NMN ROACH	SER 4. DATE September 14 1967
S	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF WIDOWED DIVORCED 8	F BIRTH  9. AGE (In feors   IF UNDER   YEAR   THUNDER 24 HRS   YEAR   YE
d	100. USUAL OCCUPATION (Give kind of work done dupido most of working life, even if retired)  10b. KIND OF BUSINESS OR 7. 5  11. BIR INDUSTRY  10c. USUAL OCCUPATION (Give kind of work done in the property of	RTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY? U.S. A.
1	13. FATHER'S NAME	HER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ves., no, or unknown) (If jes give wor or dayes of service)  HOSP  HOSP	ital Records 7600 CarrollAve.
-	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	Extreme Internal Between ONSY AND DEATH
	Conditions, if ony, which gove ) (b) Injuries 115	Ha. Germanhaue.
	rise to immediate couse (o), stoting the underlying couse last.	or sperior anger
TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?
CEDITIENCA	200. EXTERNAL CAUSE WAS PRIMARY NO CONTRIBUTING CAUSE OF DEATH.	ore of injury in Part las Part II of item 18 truck guerd
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 2 20e. PLACE OF INJURY Mile Not While foot fix fixed.	RY (Home, form, office byto, etc.) 20f. (City or town) (County) (Stote)
	21. I certify that I taak charge of the remains described above, held an Au	
	deoth resulted from: Natural causes Accident Suicide ,	Harficide, Undetermined manner CHIEF MEDICAL EXAMINER  22. DATE SIGNED
	SIGNATURE M.D.  EXAMINER'S D	DEPUTY MEDICAL EXAMINER 9/14/10/2
2	230. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR'S REMOVAL (Specify) 9-17-67	
-	24. FUNERAL DIRECTOR ADDRESS	250 PEE D. BY-REGISTRAR 25h REGISTRAR'S SIGNATURE
	JOHN T. RHINES FUNERAL HOME, 3015 12TH ST. N.	DATE 19 1961 fillantes Jusque

VR A15ME 6M 1/67

Sent and Almanda

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Them 17 Film Gertificate of Death

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Vis	1		16000			CLIVIII	ICAIL	OI DEATH			1~	• I.J.	
a da	Mary Mary	1. P	LACE OF DEATH					2. USUAL RESIDENCE	(Where deceosed			fore odmissi	on)
uneral 1 and er deat		0	. COUNTY					o. STATE	1	b. COU	INTY		
fer in			Montgo	mery		MARY		mary	and			omeri	1
the ages		b		outside corparate limit give nearest town)	5, 6.	LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If a	utside carporote l	imits, write RU	IRAL and give net	rest town)	'
Pa			wheat			9 mos.		Wheato	M			13	5
in b				OR INSTITUTION (If no	nt in hospital give			A CIPEET ADDRESS				e. IS RESI	DENCE
d ii	non		. I lost the	11	III	311001 00010337		12711 Har	taury D	T		ON A F	
filled pape thin 77	40	u	heaton	Nursing	Rome			4391 6×5×	A A A	E		YES	NO 2
			IAME OF	Fi	rst	Middle	0.	Lost	4. DATE	Mon	ith [	oy Ye	100
rbo		1	Type or print)	James	11.		Raha	rtson	OF DEATH	9	2	4 19	67
completely nove carbor		5. 5		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		GE (In years	I IF UNDER 1 YEA		-
Ve Ve		3. 3	LX	O. COLOR OR RACE						ost birthdoy)	Months Doy		Min
r and comp	7	1	nale	white	WIDOWED 🔀	DIVORCED		4-24-80	8	7 yrs.			
re				Give kind of work done		OF BUSINESS OR		11. BIRTHPLACE (Count	y & Stote, or foreig	n country)	12. CITIZEN		
200		durin	ng most of working li	e, eyen) if rotifod)	7 INDUS	TRY	12	Engla	- 1		COUNTR	43	
legis	3	12	FATHER'S NAME	rema		Cour	-6	14. MOTHER'S MAIDEN			1 4 7		-
physician and en please reg		13.	FAIRER'S NAME	1	0 1 -	+	000	14. MUTHER'S MAIDEN	NAME /	1			
g phy Then			1 10	mer 10	0-berg	ven	1111	ann	100	10de			
Ten		15.	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. SOC	AL SECURITY NO.	17. N	FORMANI W	311	Addı	ess ROCKWI	lle,	MO.
mit.	5	(Yes	(, no, or unknown)	If yes give war or dotes o	of service) yes		164	LALIMI KI	hertson	1 6.1	4 Dead	Wm }	Ly
signed by the attending physical burial-transit permit. Then plurial crematian at remayal			100				YU	117991	U - ALE	9/	7 .0-0	DITERVAL DE	DAZEEN
at p				A <b>TH</b> (Enter only one cou I WAS CAUSED BY:	use per line for (a),	(b), ond (c).)	9,					ONSET AND	
y the			TAKI I. DEATI	IMMEDIATE CAUSE	(0)	ronce	upp	nallen	ma			Lun	2
97.5	77		491X	DUE	TO		1						
signed by the burial-transit	V		Conditions, if ony,	which gove )	(b)						F 30		
sig			rise to immediate										
te and			stoting the underl	ring couse							1		
is been as the	5		last.	,	(c)						1		
SOF	i.	z	PART II. OTHER SIG	NIFICANT CONDITIONS	ONTRIBUTING TO D	EATH BUT NOT REL	ATED TO TH	E TERMINAL DISEASE CO	INDITION GIVEN I	N PART I(o)		19. WAS AUT PERFORM	OPSY MED?
icate ho far use Health	2	CERTIFICATION	nen	on alle	-10/0	ntari	BEN	Oo one				YES 🗍	NO D
ficate far us Healt		5	20o. ACCIDENT WAS	INDERLYING 🗆	2015 DESCRI	W		nter noture of injury in	Port I or Port II	of item 181			
量生生		E	OR CONTRIBUTING D	CAUSE OF DEATH	200. 0252	DE TION MOONT OF							
hece		1 1	(IF EITHER, NOTIFY N										
this letac		MEDICAL	20c. TIME OF INJUIT	RY Month, Doy, Yeor		RY OCCURRED	20e. PLACE	OF INJURY (Home, for y, street, office bldg., etc	m, 20f. (0	ity or town)	(County)		(Stote)
中号中		¥	p.m.	19	While of work	Not While of work	10(10)	y, sileel, office blag., eli	)	1			
After this certi				that (1) (this has			from /	Man	19 (do to	Ser	196	that M (	(we)
CTOR: A should with the	2			ceased alive on_	950			death accurred a	15/2	rom couses	and on the	1	1
9 0 T				reased alloe oil—	1107	111 -601	und man	deday accorred a	10-911,	Turr cuoses	22b. DATE S		d pou
P 42 =			220. SIGNATURE	3, 0	7.1. d			ATTENDING TO	MED.	STAFF -	7 220. DAIES	5.U/	/
DIRECTOR: ge 3 should	3		- /M	unn	wall	Cen	M.D.	111101	DIRECTOR L	PHYS. L	1 76	-1/4	1
			22c. PHYSICIAN'S	MARICI	11/ 1	117/1	-11	22d. ADDRESS	0 45	1.	Birk	h.	1
<b>₹</b>	3		NAME (Type)	107/1/	NN	416	1	8260	Wise	1 Ar	(sec)	1/19	
<b>2</b> 2 2 3		230	BURIAL, CREMATION	. 23b. DATE TH	EREOF /	23c. NAME OF CEME	ETERY OR CI	REMATORY	23d. LOCAT	ION (City or To	own) (Cou	ntv)	Stote)
Co FUNERAL DIRE	2	1	RIMDVAL (Specify)		8/17	Forte	Fred	the to	Fas	1 F	1	10	2
60,		040	nural	7/00	1649	ADDREST S	1016	emelery	D BY REGISTRAR	9 100	COICTDAD'S CICHIA	TIIDE	-
VR A15 (4	)	6	LINE KAL TOTAL COS	uter C. A	in Carles	ADDRESS 5	wer	Springso KE			EGISTRAR'S SIGNA	O	
20 M 1/66	3	Ma	rher E. F	Jumphrey, 91	ne. 8434	Ga. Hue.		MATE S	FP 2.7 1	967	Misselle	y deady	May.
										- //		11 0	

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH ND 21201

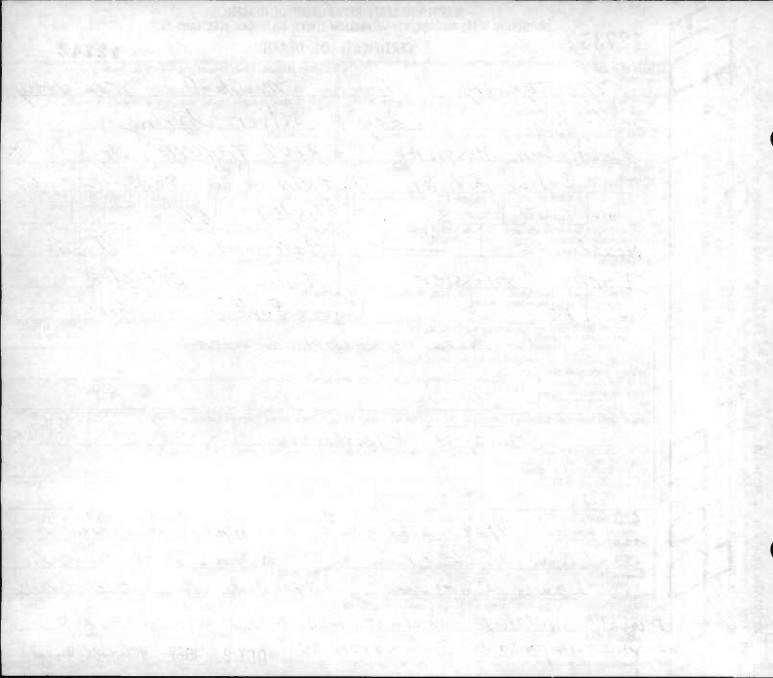
12742

1967

VISION	0F	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLA

	CERTIFICA	14	11.30
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Resident	ce before/admission)
I	a. COUNTY MONTAMEN MARYLAND	a. STATE Maryland b. COUNTY	on Yahiron's
r	b. CITY OR TOWN (If autside carporate limits, write RURAY and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autoide carparate limits, write RURAL and give	e negrest tawn)
	Bethes day	Silver Spring.	16
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS	e IS RESIDENC
	Suburban HospiTAI	8107 TAHOVA Dr	ON A FARM YES NO
f	3. NAME OF First Middle	Last 4. DATE Month	Doy Year
l	OFFICEASED (Type or print) Celia Bressler K	POPKIN OF SEPT.	28 196
	S. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year's IF UNDER last birthday) Manths	
L	Female White WIDOWED DIVORCED	8/15/01 (66 yrs. mainths)	Days Haurs A
	100. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CIT	TIZEN OF WHAT
	during most of working life, even if retired) INDUSTRY	Baltimore, Md. 2	UNTRY2
Γ	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	TSAAC Bressler	Tillie BRESSLE	R
ľ	(Vec no equal-pour) (III we sive use as dates of consist)	7. INFORMANT Address	
ı	(Yes, no, or unknawn) (If yes give war or dates af service)	Susan Ropken abox	-
F	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEE
١	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACUTE MYOCA.	RDIAL INFARETION	ONSET AND DEAT
ı	420./ OUE TO		
ı	Conditians, if any, which gave itself to immediate cause (a), (b)		
ı	stating the underlying cause DUE 10		
I	last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	5 Dia Betes- Hype.	RTENSION	YES NO
	DIA Betes - Hype 200. ACCIDENT WAS UNDERLYING D 200. DESCRIBE HOW INJURY OCCURRED (ICE OF THE PROPERTY OF THE	EO. (Enter nature of injury in Port I ar Part II of item 18.)	
		PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City or town) (Cou	unty) (Stat
1	p.m. 17 at wark — at wark		
	21. I certify that (I) (this haspital) attended the deceased fram	9/15 , 1967 to 9/28 , 196	27, that (1) (we
		hat death accurred at 1120 M, fram causes and an th	7777777777
1	22a. SIGNATURE	ATTENOING MED. STAFF	ATE SIGNED
1	22c. PHYSICIÁN'S	M.D. PHYS. DIRECTOR PHYS. 1	20/6/
1	NAME (Type) / PULLS CAHSILL	5411 Code Lane Bet	4 ma
F	230. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (	To 7 Cooling Stores Wes	(County) Issue
1	DEMOVAL (Specific)	Hely w Cong Con Washing ton,	(County) (Stote
1	24. FUNERAL DIRECTOR ADDRESS O	250 REC'D BY REGISTRAR 256 REGISTRAR'S SI	IGNATURE
1	B. DANZANSKY & SONS - WASHINGTO	A 6	Sa Ondas
1	, , , , , , , , , , , , , , , , , , , ,	DATE THE PARTY OF	The Vendal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs of

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

ilm	393 10-10- MARYLAND STATE DEPARTMENT	r of health
	393 10-10- MARYLAND STATE DEPARTMENT DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET	, BALTIMORE, MARYLAND 2120

1273

#### CERTIFICATE OF DEATH

12743

1. PLACE OF DEATH g. COUNTY					2. USUAL RESIDENCE (W	here dece	eased lived, if institu	tion: Resider	nce befor	e admissio	n)
V. COUNTY	Montgomery		MARYL	AND							
b. CITY OR TOWN	(If outside carparate limits,		c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (If out	side corpo	orote limits, write RU	RAL ond giv	e neores	t town)	
Bethe	and give nearest town)		93 days		Takoma Pa:	rk				13	5.1
	PITAL OR INSTITUTION (If not i	in hospitol, g			d. STREET ADDRESS					e IS RESID	
The Clini	cal Center,	Bethes	da, Maryla	nd	7108 Sycamo	ore.	Avenue				NO E
3. NAME OF	First		Middle		Last	4. DATE	Mon	th	Day	Yeo	ır
(Type or print)	Alan		Arthur		Rosenberger	OF DEAT	rh Sept	ember	21	19	67
S. SEX		7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years			IF UNDER	
Male	White	WIDOWED	DIVORCED		28 May 1956		lost birthdoy)	Manths	Days	Haurs	Min.
10a. USUAL OCCUPATION	ON (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County &	Stote, ar	foreign country)	12. CI	TIZEN OF	WHAT	
during most of workin Studer	ng lite, even it retired)	INI	DUSTRY		Maryland			((	TIZEN OF DUNTRY?	USA	
13. FATHER'S NAME		1			14. MOTHER'S MAIDEN N.	AME		1			
	James A. Ro	senber	ger. Jr.			Н	elen L. D	erse			
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. 1	NFORMANT The Me	dica	1 Records	ess			-
(Yes, no, or unknown	(If yes give wor or dates af s		one		Clinical C				arvl	and	
	DEATH (Enter anly one cause			12110	011111001	01100	2, 200000	,	INT	ERVAL BET	WEEN
	CAMEL LALLE CALLEGE MALL		siella Pne	ımon	า๋จ				ON	SET AND D	EATH
204	3 DUE TO		DICITA THE	unio II.	144				-	WEER	
Canditians, if ar			lia Esopha	citi	C				17	month	)
rise to immedi	ate cause (a),		TIA DOOPIA	8101	9				-	1402101	
stating the una	derlying couse (		e Myelogen	0110	Leukemia				126	mont	hs
	SIGNIFICANT CONDITIONS CON					DITION G	IVEN IN PART 1(a)			WAS AUTO	
NO.	SIGNIFICANT CONDITIONS CON	I CHILDRING I	O DEATH DOT NOT KEEP	10 10 1	THE TERMINAL DISEASE CON	0111011	TYEN IN TAKE 1(0)			PERFORM	ED?
S ACCIDENT	AC UNDEDIVING ES	I sol Dre	COIDE HOW INJUDY OF	CHIDDED	(Fator paties of injury in D	last Las I	Part II of item 10 \			ES 🔀	NO [
OR CONTRIBUTION	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	200. DE	SCRIBE HOW INJURY OU	CUKKED.	Enter nature of injury in P	an I ar I	rari ii ar irem iis.)				
3 20c. TIME OF IN	NJURY Month, Day, Year	20d. IN	JURY OCCURRED	20e. PLAC	E OF INJURY (Home, form,	20f	. (City or town)	(Co	unty)	(	State)
Hour '	o.m.	While at work	Not While at work	foct	ary, street, affice bldg., etc.)			21			
21   cor	tify that XIX (this haspi			ram	fine 20 19	67	to Septemb	er/10	67 th	at (X) (	wal las
saw the	deceased alive an Se	ptembe	219 67 a	nd that	death accurred at	1:45	M, fram causes	and an t	he dat	e stated	abave
22a. SIGNATUR	E1 12	1-1	1.000		ATTENDING	MED	27472	22b. D	ATE SIGN	ED	
11	rhand A		reck	M.D	PHYS.	MED. DIRECTOR			ot.	22, ]	967
22c. PHYSICIAN					22d. ADDRESSThe Institute	Cli	nical Cer	ter,	Nati	onal	
NAME (Typ	Richard H.	Cree	ch, M.D.		Institute	s of	Health,	Bethe	sda	Md.	
230. BURIAL, CREMA		EOF	23c. NAME OF CEMET	TERY OR	CREMATORY	23d.	LOCATION (City or To	wn)	(County	) (5	tate)
REMOVAL Speci	I Sept 25	1967	Furt Kes	roul	a Cemeters	Ca	lmar ma	mer 1	12 Ka	4. 7	4
24. FUNERAL DIREC			ADDRESS	200		BY REGI	STRAR 25b. R	EGISTRAR'S	SIGNATU	RE()	al.
A. arthur	Walter 200	Carre	Il DLNW	400	DATE SI	EP2	5 196/	Full	TUE	1 0	7

THE COLUMN THE PRINCIPLE OF THE PRINCIPL The property of the second of

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12744

CEDS	TIFIC	ATE	Ar	DE A	TIL
CER	пы	$\Lambda \Vdash$		III-A	ш

1. PLACE OF DEATH o. COUNTY	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)     o. STATE     b. COUNTY						
Montgomery MARYLAND	Virginia						
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
write RURAL and give nearest town) Bethesda 149 Days	Norfolk 8						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
	ON A FARM?						
The Clinical Center, Bethesda, Md. 20014							
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year OF						
(Type or print) Betty (NMN)	Roth DEATH September 14 1967						
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
Livinguista El puisacea El	31 August 1912 55 yrs. Months Days Haurs Min.						
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT						
during most of working life, even if retired) INDUSTRY	Now York USA						
Saleslady	New York USA  14. MOTHER'S MAIDEN NAME						
to tituer & Bene							
Hyman Weiner	Pearl Schneider						
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (Iff yes give wor or dates of service)	NFORMANT The Medical Records						
No 092-01-3738 The	Clinical Center, Bethesda, Maryland						
1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Bronchopneumonia	ONSE AND DEATH						
2520 DUE TO							
(anditions, if any, which gave) (b) Thyrotoxicosis wit	th Malignant Exophthalmus 8 months						
rise to immediate (ouse (o), ( Dus to	AT THE TROUBLE THE PARTY OF MOTOTION						
stating the underlying cause lost.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
S PART II. GINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECALED TO T	PERFORMED?						
Na Paragraphic Par	YES X NO						
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (	(Enter nature of injury in Part I or Part II of item 18.)						
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)						
Hour a.m. p.m.  19 While Not While of work at work	ory, street, affice bldg., etc.)						
p.iii. oi waik a ai waik a	April , 1967 , to14 Sept , 1967 , that (X) (we) lo						
sow the deceased alive an 14 Sept. 19 67, and that	death occurred at 10:05M, from causes ond on the dote stoted obov						
220. SIGNATURE	A M 22b. DATE SIGNED						
H. Benfer Katheider MD MD	ATTENDING MED. STAFF						
22c. PHYSICIAN'S	22d. ADDRESS The Clinical Center, National						
NAME (Type) H. Benfer Kaltreider, M.D.	Institutes of Health, Bethesda, Md.						
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, OR C							
DEMOVAL (Specific)							
1-1-01 Chroade	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
	and the state of t						
Flatin 384 12 Trank navillant	DATE SEP 20 1967 yourses Judges						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after geath Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

THE TOTAL OF THE PROPERTY OF THE STATE OF TH

MICHAEL TO STRUCK STRUCK

7.10.104.27 The Clinical Contest Rethering to July State Year Your State and Contest of The factor of the local and the second of th The street of th 

any delay is

e Stote Department af

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

This certificate shauld be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

Items 18&21 10-5-67 ams Film 393

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12745

12736

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where dece		ence before odmission)
ONTGOMERY M	CYLAND O. STATE	b. COUNTY	noNT
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STA	IN 1b c. CITY OR TOWN (If outside carpo	rate limits, write RURAL ond g	ive neorest town)
write RURAL and give pagrest town) TAKAMA TARK	5/1000 50	1100	15-1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress)	d. STREET ADDRESS	7	e IS RESIDENCE
Washington Sanitagium + Klass	ital 9514 Halo	PLACE	ON A FARM? YES NO
3. NAME OF V First Middle	Josj 4. DATE	Month	Doy Year
OFCEASED (Type or print) IRVING 5	Rubin DEAT	н 9	20 1967
5. SEX 77 6. COLOR OR RACE 7. MARRIED NEVER MARR		9. AGE (In years IF UNDE low birthdoy) Months	R 1 YEAR   IF UNDER 24 HRS.   Doys Hours Min.
A CC WIDOWED DIVOR		40 yrs.	
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country) 12.	COUNTRY2
THARMACIST HEUGS	JAVANNAH, C	DR6114 (	OUNTRY P
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
SACOG KUBIN	UNKNO	re N	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) (If yes give war or dates of service)	17. INFORMANT	1900 LY 1700	NEVALE RO
YES WWILL UNKNO	WWATHINIELH. MILLEC	- SILVERS PR	WE, MD.
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I, DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
Myocardial  // 2  Myocardial	failure due to		OHSET AND DEATH
DUE TO			
nse to immediate rouse (a)	<u>terstitial myocardi</u>	tis	
stoting the underlying couse DUE TO			
l <u>ost.</u> (c)			The investment
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I	LATED TO THE TERMINAL DISEASE CONDITION GIV	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
RIMARY Or CONTRIBUTING CAUSE OF DEATH.	OCCURRED. (Enter noture of injury in Part I ar Po	ort II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED While of work of otwork of otwork of two of work of two of work of w	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(City or town) (C	ounty) (State)
21. I certify that Ltaak charge of the remains described	bave, held an Autapsy , Inspec	tian Inquiry I	and in my apinian
death resulted from: Natural causes Accident		Undetermined manner	
11/1/1/1/1/	CHIEF MEDICAL EXAMINER		
SIGNATURE / Selecen / Color	M.D. ASSISTANT MEDICAL EXAMI	INER 🗌	22. DATE SIGNED
EXAMINER'S BELDEN R. K	DEPUTY MEDICAL EXAMINE  A Miner Asher Cath, 1967		20-1967
230. BORIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CE	MEJERY OR EREMATORY 23d. 1	LOCATION (City or Town)	(County) (Stote)
EMOVAL (Specify) 9-22-1967 WATL!	MOCIAL YARE IT	45CHOCH	VA.
24. EUNERAL DIRECTOR ADDRESS	250. REC'D BY REGIS	TRAR 2Sb. REGISTRAR'S	SIGNATURE
SEXDOGECHUSEALIONE 42/79	DATE CED 2 5	1967 Polia	elen Judge

VR A15ME (5) 6M 1/67

Andrew in the way a street in the company Continued de la TO SEAL TO THE WAY THE WAY FOR FOR The second of th

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12746 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND c. LENGTH OF STAY IN 1b autside carparate limits, write RURAL and give nearest town) within 24 haurs d. STREET ADDRESS INSTITUTION (If nat in haspital, give, street address) YES 4. DATE First Middle Year DECEASED OF DEATH 6 (Type or print) 19 SEX AGE (In years IF UNDER 1 YEAR COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Days Hours any WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even interired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? Mousiry ntractor 13. FATHER'S NAME MOTHER'S MAIDEN NAM removal, Luigi Rubine Carmela Pantalona offending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no ar unknown) (If yes give war ar dates af service 0 9-24-8667 (above address Mrs. Mary Rubino cremation, 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' þ DUE TO burial, Canditians, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse

e. IS RESIDENCE ON A FARM? NO A requires that the death certificate be executed IF UNDER 24 HRS INTERVAL BETWEEN ONSET AND DEATH has been the ATTENDING PHYSICIAN: The law prior 0.5 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH State Dept. of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While ot wark at wark **DIRECTOR:** After 21. I certify that (I) (this hospital) attended the deceased from 31, 19, and that death occurred at should with the saw the deceased alive on M. from couses and an the date stated above. 22a. SIGNATURE M.D. DIRECTOR PHYS be filed 22c. PHYSICIAN'S TO HOSPITAL TO FUNERAL NAME (Type) director, 23g. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Ft.Lincoln Cemetery Colmar Manor. Me Paladdress Mt. Rainie Pasa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Maryland Home Inc.

The same of the sa A LIVE of the original be AVISA ALEY SHINT TO BE ALLEY OF SHIP AND STORES - THE All the second of the second o Well In the work I will be the surprise

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3	12733	CERTIFICATE	OF DEATH	12747	
	PLACE OF DEATH     O. COUNTY     D. CITY OR TOWN (If outside corporate limits.)	MARYLAND  C. LENGTH OF STAY IN 1b	a. STATE	sed lived, if institution: Residence before admis b. COUNTY  Montgomery ote limits, write RURAL and give nearest town)	
	write RURAL and give nearest town)  Gaithersburg, Md  d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,		CIKNOENGHOGINGA	Rockrille /	15 1
0	Asbury Methodist Home	give street address;	d. STREET ADDRESS 04 Bev	YES [	FARM?
3	3. NAME OF First DECEASED (Type or print) Ernest Clifford	Middle Saltzman	Last 4. DATE OF DEATH		Year 967.
0,	S. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		Jan. 1- 1877		DER 24 HI
	10a. USUAL OCCUPATION (Give kind of work done 10b. I	AND OF BUSINESS OR Prints NOUSTRY Gov t Office	Harysville, Misso	COUNTRY?	S.A
	13. FATHER'S NAME George Weshing Saltzman		14. MOTHER'S MAIDEN NAME Susan Amanda Wa	aters	
	(Yes no, ar unknawn) (If yes give war or dates af service)	79-14-5992A Gla	NFORMANT adys S. Burgess	4004 Beterly Road Rockville, Maryland	
	1B. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(a), (b), and (c).)	Heart Vaile	INTERVAL B ONSET AND	
	Canditians, if any, which gave (b)	Myocordia	Infarelio	n 5ds	ys
	stating the underlying cause last.	Arterioscler	tis Heart D.	eder Une	lai
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIV	EN IN PART I(a) 19. WAS AL PERFOR	
Croxic	☐ 20d. ACCIDENT WAS UNDERLYING ☐ 20b. D OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Part I or Pa	rt II of item 18.)	
Arraira	20c. TIME OF INJURY Month, Day, Year Haur o.m. 19 Whill at wa	e Nat While facto	E OF INJURY (Hame, form, 20f. ory, street, affice bldg., etc.)	(City or town) (County)	(State)
	21. I certify that (I) (this haspital) atter saw the deceased office an Alfa		death accurred at 4:30	ta	( <del>vue)</del> ed abo
	220. SIGNATURE James W	Egan M.D	Titto:	STAFF 22b. DATE/SIGNED / 9/24/6	:7
	22c. PHYSICIAN'S NAME (Type) Pr. James W. Eg	an	22d. ADDRESS 5-4/3 Code	a Lane 2060 Botters	la M.
1	230. BURIAL (REMATION, PEMOVAL (Specify) Sept. 27, 196	23c. NAME OF CEMETERY OR C		OCATION (City or Town) nce Georgea County, M	(State)
1	24. AUNERAL OREGIONAS Inhall Show	8434 Agusrgia Al Silver Spring.		RAR 25b. REGISTRAR'S SIGNATURE	se.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the hospital or ottending physicion. VR ...

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STO-14-34928 Shadua . Suracan Sanara S. Sanara

ATTENDED BY STREET

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

19748

	16633			CERTIF	ICAIL	OF DEATH			120	10		
	PLACE OF DEATH	,				2. USUAL RESIDENCE (V	Where deceas	ed lived, if institu		ice befare	odmissio	in)
	1/10	ntgomer	4		YLAND	Was	shin	9 toN	, D,	C		
	b. CITY OR TOWN (	If outside corporate limit give nearest town)	is,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au	itside carpard	te limits, write RI	JRAL and giv	e nearest	tawn)	
	KOCE	111/2.									47.	3
1	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital,	give street address)		d. STREET ADDRESS		ħ.		6	e. IS RESID ON A FA	
10	stomac	2 Valley	Varsi	ng Hon	7e	V.	Dutte	rworth	P/-	١	Personal	NO 🗌
	NAME OF DECEASED		irst	Middle		Last	4. DATE	Mai	1th	Doy	Yeo	3r
	(Type ar print)	AN	wa		-	Danders	DEATH	9	3	3	196	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	D   B.	DATE OF BIRTH	9	. AGE (In years last birthday)	Months	Days	IF UNDER Hours	Min.
	F	w	WIDOWED	DIVORCE	D	4-2-9	7	70 yrs.		Dul.	110013	191111.
	. USUAL OCCUPATION	(Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fai	reign country)		TIZEN OF		
uui	Seans		110	IDUSTKI		RUSSI	ia		1	25	4	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME	11				
	Sandbr	enko				unk.						
	WAS DECEMBED EVE	R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress			
(Te	s, na, ar unknown)	(If yes give wor ar dates		38-16-1943	7 Rai	1Ph Sander	cs	4416 R	utter	WAXY	LL PI	N.W.
	1B. CAUSE OF DE	EATH (Enter anly one co									RVAL BET	WEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a)	MARKE	sen	ua				98	AND D	FAITS
	584	11	TO /	2		000	-/				,	
	Canditians, if any		(b) (l	scence	ue (	holau	PIRC	2		6	, MC	25.
	rise to immediat stating the unde		TO 1	1 A	Cal	a Mart. 1	1/1.	in.			10	01
	lost.	)	(c) C/2	rince C	none	cee enou	nu	(800		1	. 4x	-5.
z	PART II. OTHER SI	GNIE CANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT REI	LATED TO TH	IE TERMINAL DISEASE CON	NDITION GIVE	N IN PART I(a)			WAS AUTO PERFORM	
ATIO	-/	ARAM2.	EG117	130	YRS)							NO D
CERTIFICATION	20g. ACCIDENT WAS		20b. DF	ESCRIBE HOW INJURY O	CCURRED. (E	nter nature af injury in	Port I or Par	t II of item 1B.)				7
CEF		CAUSE OF DEATH MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJU	JRY Manth, Doy, Year		NJURY OCCURRED		OF INJURY (Home, farm		(City or town)	(Co	unty)	(	State)
ME	p.i	10	While at wor		100101	ry, street, affice bldg., etc.)		0/	1			
	21. I certi	fy that (1) (this has	spital) atten				9		7,19			we) last
		eceased alive on_	9/2	16719	and thot	death occurred at	650 AN	, from couses	and on t	he dote	stoted	above.
	220. SIGNATURE	.1.63	1/2		2,0	ATTENDING	MED.	STAFF -	22b. D	ATE SIGNE	D	
	Hele	M.	110M	Meron	M.D.	PHYS.	DIRECTOR	LJ PHYS. L	1 9/	3/6	7	
	22c. PHYSICIAN'S NAME (Type	DENIEV	M.S.	CRUGGS	MI	22d. ADDRESS	Podan	lano	Both	1110	2 /	7/
00	L COLOUR	74510101			1061	10973	Laure	700700	10ein	Ciac	C 000	
230	<ol> <li>BURIAL, CREMATIC REMOVAL (Specify</li> </ol>	1		23c. NAME OF CEM				CATION (City or T		(County)		tate)
24	Burial	9/5	67	Har Jehn			D BY REGISTR		rby REGISTRAR'S		nsy]	.van
			0 0	ADDRESS 35		4011						0
Be	ernard l	Danzansky	& Sor	as St., N	PM WA	sh. DCDATE CE	D 5	1967	ychas	Cod )		No.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or remaval, and in day event, within 72 haurs after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hd Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

VR A1S (4) 1SM 9/59

12740

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12749

	O. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. TOSMER
-	b. CITY OR TOWN (If outside corporate limits, wate RURA) and give nearest town)	c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
D	1100, SCHINDLER DRIVE	1100 SCHINDLER DR. ON A FARM? YES NO THE
	3. NAME OF DECEASED (Type or print) NICOLA Middle	CAMPOLI 4. DATE Month Day Yeor OF DEATH 9 24 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  OCT. 12, 1908  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during memory working life, even if retired)  **ETIRED**  U. 5. Gov.	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  U. J. A.
	ANDREW SCAMPOLI	POSOLOA H. STINDETTI
		NFORMANT Address Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Carcinome	onset and DEATH
	Conditions, if ony, which)  DUE TO  Me	Tastase
	gove rise to immediate couse (a), stating the under:	
	lying couse lost. (c)	
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		ED. (Enter noture of injury in Port I or Port II of item 18.)
		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) according, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram.	
		death occurred at 274M/from the causes and on the date stated above.
	220. SIGNATURE Bernard a Dity erald	M.D. ATTENDING MED. STAFF SIGNED PHYS.   ATTENDING PHYS.   DIRECTOR PHYS.
1	22c. PHYSICIAN'S NAME (Type) BERNARD A. FITZGERALD	21) UNIV. BLUBE, SILVER SPRING Md
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF SURIAL 9-27-67 MT. OLI	VET WASH. D.C.
	24. FUNERAL DIRECTOR'S SIGNATURE HANTON FUNERAL HOME WA	BATE CEP 2 8 1967 Clarles Judge

SOCI CONTRACTOR	HS JATH TO SWOME	METERS TEATER	Detail William	DESCRIPTION OF	
				AS AND ST	
	THE PERSON NAMED IN				
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The state of the s					

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	- 10 0 X T			CEKTIFICA	ALE OF DEATH		3	2750	
	PLACE OF DEATH o. COUNTY	Montgomery		MARYLANI	o. STATE		Montgomer		
	b. CITY OR TOWN (	f autside carporate limits.	c. L	ENGTH OF STAY IN 16			limits, write RURAL and	•	
	Be Write KURAL and	give nearest town)			Bethesda			15-1	
		AL OR INSTITUTION (If not i	n hospital, give st	reet address)	d. STREET ADDRESS		Ant. 12	e. IS RESIDENCE	
	5300 Wa	ath and Am			5300 Wes	tbard		ON A FARM? YES NO	
	NAME OF	stbard Ave	-	Middle	Last	4. DATE	Manth	Doy Year	
1	(Type or print)	Lillia	n	R.	Schafer	OF DEATH	Sept.	24 167	
\$.	SEX	6. COLOR OR RACE	MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9.		DER I YEAR   IF UNDER 24 HRS	
	Fem.	White	WIDOWED .	DIVORCED	July 14.18	377	last birthday) Manth	ns Days Haurs Min.	
100		(Give kind of work done		BUSINESS OR	11. BIRTHPLACE (County			COUNTRY OF WHAT	
dui	Housew	ife, even ir retired)	NDUSTR OWN		District	of C	e tdmu fo	COUNTRY?	
13.	. FATHER'S NAME			HOMO	14. MOTHER'S MAIDEN				
	Juliu	s Eisenbei	SS		Susan	na Sc	haffer		
	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes at s	16. SOCIAL		17. INFORMANT		214 Cedar	Worr	
110	No	(it yes give wor or dores at s		, A	lbert F. Es	ch	Bethesda	Md	
		ATH (Enter only one cause	per line for (a), (l	o), and (c).)	, , ,	7	0/71	INTERVAL BETWEEN	
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	OR	20000	escular	Vh	omosis	OWSE AND SCATE	
	332X	DUE TO		2.1	· 0 000	10000	2 to Parties	, p. n.	
	Conditions, if ony, rise to immediat	e couse (a)	Jell	ellell	200 (CN	eno	y cui mi	3 yks.	
	stating the under		6						
g	last.	) (c)							
TION	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO DEA	TH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(a)	19. WAS AUTOPSY PERFORMED?	
CERTIFICATION		UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part	I of item 18.)		
MEDICAL	20c. TIME OF INJU Haur a.r	10	20d INJURY While	OCCURRED 20e Nat While at work	PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.		(City or town)	(County) (State)	
	21. I certify that (I) (this hospital) attended the deceased from 7/15/67, 19 to 9/24/67, 19, that (I) (we) las saw the deceased glive on 8/15/67, 19, and that death occurred at 1/4 M, from causes and an the date stated above								
	220. SIGNATURE	ers the	rugg	phis.	M.D. ATTENDING PHYS.	MED. DIRECTOR [	STAFF 22b.	DATE SIGNED	
	22c. PHYSICIAN'S NAME (Type)	WENRY C.	Scree	es MD	5213 C	edan	Lane B	etherde Mo	
	a. BURIAL, CREMATIC		OF 23c	. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City or Town)	(County) (State)	
	Burial Specify		7 ]	rospect	Hill	Wagi	lington	D.C.	
	FUNERAL DIRECTO			30 Wisc.		D BY REGISTRA		S SIGNATURE	
18	Do Jan	les sons	w.	Ivash it	DATISE	P 28 1	961 Julia	0	

**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Poges 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any great within 72 hours after dear Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

men street breathers C. a. E. I lei Burioù de Jelitari . amerien . et kearuck Tulin Lianacia de de la companya de 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12752 FOR STATE HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deseased lived, it institution: Residence before admission) a COUNTY 0 delay pup P.M3. State Departm d STREET ADD IS RESIDENCE ON A FARM? 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm in pencil in Item 18. Give Pages 1, NO V NAME OF DATE Month Year DECEASED (Type or print) WITH AGE (In IF UNDER NEVER MARRIED last Manths death. WIDOWED ' permit. File pages land2 10a. USUAL OCCUPATION (Give kind al work de la during most al working lite, even il retired) 12. CITIZEN OF WHAT 72 haurs 16. SOCIAL SECURITY NO. INFORMANT pending" event within CAUSE OF DEATH (Enter only open a burial-transit PART I. DEATH WAS CAUSED DE: IMMEDIATE CAUSE (a) This certificate should writing the ward DUE TO any ( Canditions, il any, which gave rise ta immediate cause (a). = DUF TO stating the underlying cause oud OS WAS AUTOPS'
PERFORMED? be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) remayal, YES 🔀 the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) may be retained far yaur mes. FUNERAL DIRECTOR: Page 3 should PRIMARY or CONTRIBUTING CAUSE OF DEATH. **EXAMINER:** 20c. TIME OF INJURY Month, Day, Year (County) (State) p.m. NOV 20 Nat While at work factory, street, allice bldg., etc.) Silver Spring Montgomery Md 1966 Page 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔀 and in my apinian death resulted fram: Notural causes , Accident , Suicide . funeral directar. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 5 mu, TO FUNERA. Health prior t 22. DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Ball John G. NAME (Type) Address (Street, city, town, or county) the 23a BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)

Funeral Home Silver Spring,

Fort Lincoln Cemetery Bolling ADBRES34 Georgia Aveso. REC'D BY REGISTRAR

Prince Georges Co. Maryland

136/

2Sb. REGISTRAR'S SIGNATURE

VR A15ME 6M 1/67

To to it soday silver Sylving Stewar In 12424 That to be the Alegorablish I ar de son de 18 Ell Hanrey D'ellere Am Wille Same also themas interes of Clara Tallingbord forme The group was most as stand I of the 18 - glass see and the control that the part of the part of the 200 July 100 8 1932

led in by the funeral

to Hospital or Attending PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours

VR A15 (4) 20 M 1/66

42 27

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

### CERTIFICATE OF DEATH

19751

		QEICH I GIVII	. O. DEMIII		10.0-				
1. PLACE OF DEATH					rtian: Residence befare admissian)				
a. COUNTY Mo	ntgomery	MARYLAND	o. STATE Maryla	b. cou	Montgomery				
b. CITY OR TOWN (If or	utside carporate limits.	c. LENGTH OF STAY IN 16			JRAL and give nearest tawn)				
write RUBAL and gir	ve nearest tawn) ington	6 Months		Censington	15.1				
	OR INSTITUTION (If not in haspite		d. STREET ADDRESS	CHSTRECON	e. IS RESIDENCE				
	all Nursing			roll Place	ON A FARM?				
	0		11						
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mar					
(Type ar print)	ANNE	L. SCOVELL		DEATH Sept					
	COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs Min.				
Female	White widows	D IVORCED [	May 17, 189	74 yrs.					
10a. USUAL OCCUPATION (Gi	ve kind af wark dane 10b	KIND OF BUSINESS OR	11. BIRTHPLACE (Caunty &	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?				
during most of working life,	even if refired)	Retired	Englar	nd	II. S.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	- W					
John Hi	cks		Sarah I	ongton					
IS WAS DECEASED EVER IN	IUS ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT Daugh		ress				
(Yes, na, ar unknawn) (If	yes give war ar dates af service)		Dadon	C -	me as Item 2.				
No			oan E. Heki	mian					
18. CAUSE OF DEATH	1 (Enter anly one cause per line WAS CAUSED BY:		C.		INTERVAL BETWEEN ONSET AND DEATH				
111-0	IMMEDIATE CAUSE (a)	EHYDRATION	N JYNDI	POME	1 WEEK				
4000	DUE TO			inger and the	- 1111-00				
Canditians, if any, wh	nich gave ) (b)	HRONIC B	RAIN, DY	NDKOME	YEAR				
stating the underlying	DUE IU				4 YEARS				
last.	) (c)	PRTERIOSCL	EROSIS		7 /2 / / /				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?									
YES NO LA									
20g. ACCIDENT WAS UN		DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pa	urt I ar Part II af item 18.)					
OR CONTRIBUTING (IF EITHER, NOTIFY MEE									
3 20c. TIME OF INJURY		I. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm,	20f. (City ar tawn)	(Caunty) (State)				
Haur a.m.	W	nile Nat While fac	tary, street, affice bldg., etc.)						
p.m.	Ulv	vark 🔲 at wark 🔲	1 11 10	13.00	G: 10/ 7.1 · (1) / \1				
		ended the deceased fram_	6-4-, 19	6.3, 10 9-20 • 70.4H	and on the date stated aba				
	ased alive/an_9-1	19 <u>67</u> , and the	it death accorred at 1	Am, Iram causes	22b. DATE SIGNED				
22a. SIGNATURE	IN Olyn	an "		AED. STAFF					
7		in in	***************************************	IRECTOR L PHYS. L	1 9-29-67				
2Zc. PHYSICIAN'S A	SAMUEL A.	HILLMAN	22d. ADDRESS &	829 FLOW	ER AVE				
17/10/ (17/90)			SILVER	SPRING	NID				
23a. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	awn) (Caunty) (State)				
Burla (Specify)	10-3-67	Arlington	Natl Cem.	Arlington	, Virginia				
24. FUNERAL DIRECTOR		ADDRESS	2Sa. REC'D I	BY REGISTRAR 2Sb. R	REGISTRAR'S SIGNATURE				
ROBERT A.	PUMPHREY B	ethesda. Mary	rland MINCT	2 1967 0	Clientas Judge.				

THE PARTY OF THE P Sugar and the state of the stat The state of the s

the funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

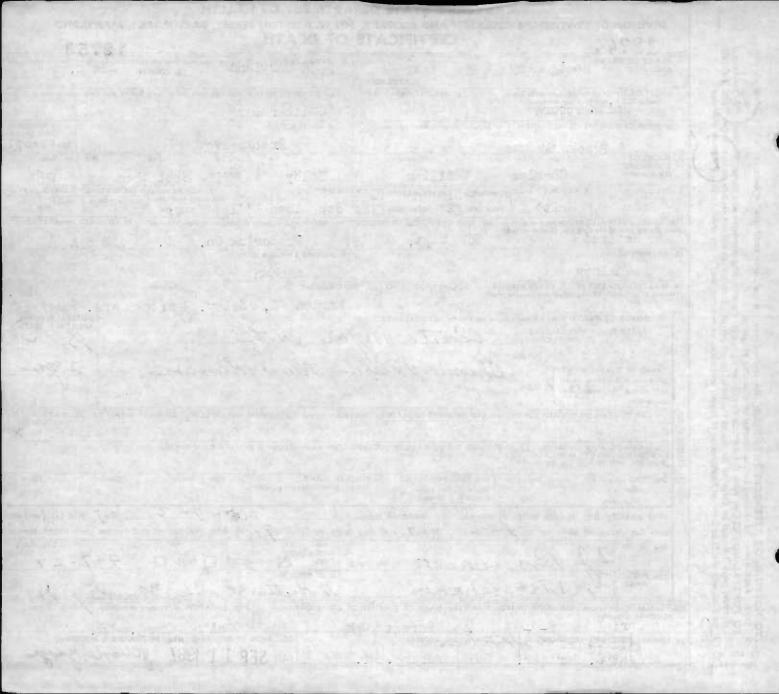
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 1 end 2 should be filled in the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 75 yours after death.

VR A15 (4) 20M 5-63

### MARYLAND STATE DEPARTMENT OF HEALT

	MARILAND STATE DEPARTMENT OF REALTH	
DIVISION OF STATISTIC	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	NE
	CERTIFICATE OF REATU	

	1274	4		CER	TIFICATI	OF D	EATH			12	275	3	
1.	PLACE OF DEA •. COUNTY	TH Montgomery			MARYLAND	2. USUA a. STA	L RESIDE	y Land	b. COU	f institution NTY	Residen On te	ce before a	dmission)
		(if outside corporate limit	is,	c. LENGT	H OF STAY IN 16	c. CITY	OR TOWN	(If outside c	corporata limits, wri	ta RURAL and	d give	neerest tow	'n)
	Gal	thersburg			STATE	Ga	ither	sburg			1.	5.1	
1	d. NAME OF HOS	PITAL OR INSTITUTION (	f not in ho	spitel, give st	treet eddress)	d. STR	EET ADDRES	S					SIDENCE A FARM?
	9 1	Brooks Avenu	A				9 Br	ooks A	ve				NO 🔯
3.	NAME OF	First			Middle	Le	st	4. DAT		th	Dey	Yeer	
	(Type or print)	Charles		Willi		Se	lby	OF DEA	pept	6th		19	57
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVE	R MARRIED	8. DATE OF	BIRTH		9. AGE (fn yeer last birthdey)			ff UNDER	
	Male	White	WIDOW	ED X	DIVORCED	Feb	18th	1881	86 Vr sys.	Months	Deys	Hours	Min.
		ATION (Give kind of work		KIND OF BUS	INESS OR INDUST	RY   11. BIRTH			or toreign country	)   12. CfT	IZEN O	F WHAT C	OUNTRY?
ac	Reti	working life, even if retire PEC.	a) R	R Sur	ot.		Frede	erick	Co. Md.	1	US	A	
13.	FATHER'S NAME					14. MOTH	ER'S MAIDE					**	7 5
	Unk	inow					Unknov	wn					
		EVER IN U.S. ARMED FOR		SOCIAL SE	CURITY NO. 17.	INFORMAN	IT.	7 19 7	Addre	55			Md.
1"	as, no, or unkown,	(II yesgi ve wai oi delesois	NI VICO)			Mari	on W.	Sel	by. 9 Bro	ooks Av	ve.	Gaith	
-	18. CAUSE OF	DEATH [Enter only ona	cause per	line for (a), (	(b), end (c).]				-0.	3 4110	LINI	FRVAL BET	WEEN
	PART I. DE	ATH WAS CAUSED BY	1	Zan	7. m.	HORCE	1 d.	to!			ON	SET AND	DEATH 6
	4014	IMMEDIATE CAUSE (e)		cu	2 119	700	) Live				1	2-1	
	Continue #	DUE TO	RI		1/201		P	1 2/	sease			7 24	
	Conditions, if a	ediete ceuse	CM	mu	vacus	un p	un	riace	sease			1	
	(e), steting the	underlying DUE TO									4.8	V	
	ceuse lest.	) (c)											Limeney
CATION	PART II. OTI	HER SIGNIFICANT CONDI	IIONS CO	NIKIBUTING	TO DEATH BUT N	OT RELATED I	O THE TERM	AINAL DISEA	SE CONDITION G	IVEN IN PAK		PERFC	RMED?
CERTIFICATION	OR CONTRIBUTION	WAS UNDERLYING CONTROL CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DI	ESCRIBE HOV	V INJURY OCCUR	RED. (Enter nat	ure of injury	in Part I or I	Part II of itam 18.)				
	20c. TIME OF IN	IJURY Month, Day, Ye	ar   20d.	INJURY OC	CURRED   20e. Pt	ACE OF INJUI	RY (Home, fe	rm, ; 20f. (	City or town)	(Cou	inty)		(State)
MEDICAL	Hour e.m		While two	le Not W	11110	ctory, street, of	fice bldg., e	itc.)					
2	p.m							10/1	n 0 - 1	10	1.7	h-4 (1) (	
	Andrew Committee of the	that (I) (this hospit											
		eased alive on	4	·····19.	And tha	t death occ	urred af	grigam, to	om the causes	and on fi	ne dal		above.
	220. SIGNATUR	21 32	Rea	60.	+	M.D. ATTEN	DING	MED. DIRECTOR	STAFF PHYS.	9	-7	- 6	SIGNED
	22c. PHYSICIAN					22d. /	ADDRESS		11				0
	NAME (Ty	F.7:134	0361	4257	h	_//_	Hull	in st	Fai	Thus	lie	-	14
23	REMOVAL (Speci Buris		EOF		ME OF CEMETERY		ORY		OCATION (City, t		y) /	(5	tote)
24	FUNERAL DIRECT		Lon		orest C	lak	25a. R		gistrar 256. R		SIGNA	TURE	15.50
	Ernest	Co of	Ga	ithers			DATE	SEP 1	1 1967	ycha.	reas	Judy	Ke ;
-	2211691	V. GOL MIGI.	ud.	T OTTOT D	WARE BUILD			VLI_A		U		0	===



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

JER HITIGAT	E UF DEATH	72127
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	esidence before admission)
Montgomery	a. STATE b. COUNTY Maryland Montgo	OM A MIT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give neerest town)
Takoma Park 2 days 12 h	rs. XXXX Takoma Park	151
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
Wash. San. & Hospital	7504 - Carroll Ave.	ON A FARM? YES NO S
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yeer
(Type or print) Clara Hazel S	Sellars DEATH Sep	25 19 67
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER	1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	8/4/1905 62 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CI	TIZEN OF WHAT
during most of working life, even if retired)   INDUSTRY Semi-Mgr. Rooming House		DUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	24.73.4
George S. Conger	Daisy Marr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Yes, no, or unkown) (If yes give war or dates of service) NO 578-22-2211	Hospital Records	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	HOSPITAL NOCOLUS	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a) ONE VI ax /1	emontage.	
DUE TO	+ 100	
Conditions, if any, which gave rise to immediate (b)	arland selenoses	
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTR	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO TO
20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	URRED, (Enter neture of injury in Part I or Part II of Item 18.	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU GR CONTRIBUTING 2 CAUSE OF DEATH G (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm,   20f. (City or town) (Cou	ntv) (State)
Hour a.m. While - Not While - facto	ory, street, office bldg., etc.)	,
21. I certify that (I) (this hospital) attended the deceased from		, that (I) (we) last
saw the deceased alive on19, and that	t death occurred at MM, from the causes and on the	ne date stated above. Ate signed
228. SIGNATURE	ATTENDING - MED STAFF	ATE SIGNED
22c. PHYSICIAN'S M.C	D. PHYS.	
NAME (Type)	ZZU. ADDILESS	
23a, BURIAL, CREMATION, I 23b. DATE THEREOF   23c. NAME OF CEMETERY	Y OR CREMATORY   23d. LOCATION (City, town or cou	inty) (State)
REMOVAL (Specify)		(State)
	OHIO GOLY HABILA , DOG .	S SIGNATURE
24. FUNERAL DIRECTOR Nalley's Funeral Mt.R	ainieresa. REC'D BY REGISTRAR 25b. REGISTRAR	es Judge

EVER 730a - Commit ave. unstitution bonoff a hope 27 d less Tros valad Textho & m moed Size of the called a series of the same of HC with Lat. Journal wive for the form

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12748

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove care appares. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4)9 25M 1/67

### CERTIFICATE OF DEATH

12755

1						
	1. P	PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if institution:	Residence before admission)
	, 0	COUNTY MANY TO MARCON	()	a. STATE	b. COUNTY	handl
0	+	MONTGOMERY	(O), MARYLAND	MARY	LAND	1110111
M	b	CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If aut	tside carparate limits, write RURAL	and give nearest town)
THE .		write RURAL and give negrest town)	Iden	KENSIN	CTON. Md	, 15-1
26	d	. NAME OF HOSPITAL OR INSTITUTION (If not in he	pspital, give street address)	d. STREET ADDRESS	0.001	e. IS RESIDENCE
13	/	1 0 11			1	ON A FARM?
	1	11001 (10000	OSPITAL	4100 KM	IOWLES AVI	YES NO NO
2	3.	AME OF First	Middle	Last	4. DATE Month	Day Year
1		Type or print) A G N/E	S C. SA	FERMAN	DEATH SEPT	5 1967
1	S. S			. DATE OF BIRTH	DENTIN CO.	F UNDER 1 YEAR 1 IF UNDER 24 HRS.
7.	-	or colon on mice				Nonths Days Haurs Min.
19		, /// // W		11/28/86	80 yrs.	
1/6	100.	USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County 8	State, or fareign country)	12. CITIZEN OF WHAT
01	DATE	ng most of working life, even if retired)  HOUSEWLE	INDUSTRY	Maryland		COUNTRY?
	-	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	0.57.
N	10.	James P. Raney		Mary A. Cu		
. 7				11019 21. 00	LCIII	
4		WAS DECEASED EVER IN U.S. ARMED FORCES?		FORMANT	Address	24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
N	(Tes	s, no, or unknawn) (If yes give war ar dates af servi	<sup>(e)</sup> 216-10-7663D Ma	ry M. Sherm	an-Item # 2	
1				7 27	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	INTERVAL RETWIFTIN
1		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:	A	To .	5110	INTERVAL BETWEEN ONSET AND DEATH
		/ IMMEDIATE CAUSE (a)	ACUTE NENA	LPAILUR	E - JHO	CN 194RS
1/4		5 / L/ DUE TO		. 5 1	n '	
NA		Conditions, if ony, which gove ) (b)	TOUTE PERITONI	TIC LUETO	PERFORATION	(ecum 27HRS
	1	rise to immediate cause (o),	7 - 1.70		TENTUNITION	, ,
1		stating the underlying cause	36 Sug Tive	Sić mais	DIVERTICINI	1701 48 HDS
7	1	last. (c) _	DOSTRUCTIVE	טוטוונטוכ	XIVLATIOUR	110 / 0110
1	Z.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIE	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
1.1	음					YES NO
12	E .	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in E	Part I or Part II of item 19 )	100
N	2	OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW HAJORT OCCORRED. (	titles motore of inforty in a	diff of Fort if of field to.,	
7	0	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	2	20c. TIME OF INJURY Manth, Day, Year		E OF INJURY (Home, farm,	, 20f. (City or town)	(Caunty) (State)
1.1	MED	Hour a.m.		ry, street, affice bldg., etc.)		
1	-	p.m.		//	17 0 -	10/11 11 11 15 15 11
10		21. I certify that (I) (this hapital)		- 7	96/, 10 9 - 5	_, 1001, that (I) (120) last
		saw the deceased alive an 9	- 5 - 1967, and that	death accurred at	M, fram causes an	d an the date stated above.
1	-	22a. SIGNATURE	1110	ATTENDING	MED CTAFF	22b. DATE SIGNED
		Dan 1- D	Latresten M.D	ATTENDING PHYS.	MED. DIRECTOR PHYS.	9-5-61
1		DEC. PHYSICIAN'S		22d. ADDRESS		1 0 0
4	1	MAME (Type) John P. Habe	rlin, M.D.	1015 Spri	ing Street, Silv	ver Spring, Md.
17	1					
J		BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	,
113		Burial 9/8/67	St. John's		Forest Glen, M	Maryland
[]	24.	FUNERAL DIRECTOR SON Wheeler Funeral H		2So. REC'D	BY REGISTRAR 40 + 95b. REGIS	
7	ТУ		ome-1331 Rockville	Pike   NATE S	FL ( 1901 %	marced hustre
MI I		KUCKV	TITE MAINTAIN	DAIL	- 1	44

a non-moved anyone denices. ACUTE ROOMS FAILURE - SHOCK 19 ARE ACUTE PERITURITIS DUE to PERFORATION COUNT 27485 CLSTRUCTIVE SIGMOND PHICKTIONALTS 4 SHAS John P. Brounding H. W.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICA	IE UF DEATH		12130
a. COUNTY	Н		2. USUAL RESIDENCE	(Where deceased lived, if inst	titution: Residence before admission)
Mon	tgomery	MARYLAND	Marylana	0. (	COUNTY France George
	N (If autside carporate limit and give nearest town)	c. LENGTH OF STAY IN 1b			RURAL and give neorest tawn)
Kensir	,	10 Months	Kenarasa	XXX Cheverli	1 16-2
d. NAME OF HO	PITAL OR INSTITUTION (If n	at in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Kensir	raton Garden	Sanitarium	1801 - 641	h Avenue	YES NO 2
3. NAME OF DECEASED		irst Middle	Last	4. DATE A	Manth Doy Year
(Type or print)	Catherine	0.00000000	Shreve	DEATH Septer	
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Female		WIDOWED 🔀 DIVORCED		88 79 Yr	S.
	TION (Give kind of work dane ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Count	y & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House	rite	Own Home	Washingto		I U.S.A.
13. FATHER'S NAM	AND THE PARTY		14. MOTHER'S MAIDEN	NAME	
Willie	im Farmer		Mary Als	op	
TS. WAS DECEASED (Yes, no or unknov	EVER IN U.S. ARMED FORCES?	of service)	. INFORMANT		desten Avenue
No			larence B. 9	armer Silve	Doring, Md.
IB. CAUSE O	E DEATH (Enter anly one cau DEATH WAS CAUSED BY:	use per line far (a), (b), and (1)	0	.0 6	INTERVAL BETWEEN ONSET AND DEATH
73	IMMEDIATE CAUSE		enton a	cordood	2700
Conditions if	DUE ony, which gave )	10 000000000000000000000000000000000000	a the	2.00	- 20100
rise to immed	liate cause (a),	TO TO	GUVFU	a secret	20 1/3
last.	nderlying cause	(c)			
PART II. OTHE	SIGNIFICANT CONDITIONS (	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	· 19. WAS AUTOPSY
					PERFORMED? YES NO \$
20o. ACCIDENT OR CONTRIBUT	WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.	
L UF CHECK NO	ING CAUSE OF DEATH IFY MEDICAL EXAMINER)				
20c. TIME OF	INJURY Manth, Day, Year		LACE OF INJURY (Home, far		) (County) (Stote)
Hour	a.m. p.m.	While Not While of work	octory, street, office bldg., etc	)   1	1
21. l ce		spital) attended the deceased fram.		19 66 to Dep	1967, that (I) (we)
saw the	devensed alive on_	7/7 19 67, and the	nat death accurred a	19:10 M, fram Yous	es and an the date stated abo
22a. SIGNATO	491		ATTENDING	MED. STAFF	22b. DATE SUSNED
	UUL	2 7 .	M.D. PHYS.	DIRECTOR PHYS.	U 1/F/67
22c. PHYSICE NAME (T		EKreuzburg	22d. ADDRESS	16-40	Worle D.C.
23a. BURIAL, CREM		EREOF 23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or	Town) (County) (Stote)
Burial Spe	sept.	11. 1967 Glenwood (	Compton	Washington	D. C.
REMOVAL (Spe	CTOR O	11, 1967 Glenwood ( Okussey 34 ADDEST gia ) Inc. Silver Spring	emetery Quenue 250. REC	D BY REGISTRAR 25b.	PEGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, Items #c & d Film , 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

48

12757

1	PLACE OF DEATH			e deceased lived, if institution: Residence	e before admission)
	a. COUNTY M - to-	MARYLAND	o. STATE	b. COUNTY	+
-	b. CITY OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 16	- CITY OF TOWN (If any old	e carparate limits, write RURAL and give	
	write RURAL and give no arest tawn)	1/2/20	C. CITT OK TOWN TIT GUNG		
L	Bithesla	40 Mine	MAINTOCK	Willes // Bethes	da /5 /
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, giv	ve street address)	d. STREET ADDRESS 57	O Bradley Blvd.,	e. IS RESIDENCE ON A FARM?
	An Reschan		15/165411111	NOGEL LIMILIALI WILL	YES NO.P
=	NAME OF First	Middle	Last 4.	DATE Manth	Day Year
ľ	DECEASED 4 /	V	4.	OF V	
1	(Type or print) Services  6. COLOR OR RACE 7. MARRIED T		moen	9. AGE (Invegrs   IF UNDER I	YEAR   IF UNDER 24 HRS.
1,	7		B. DATE OF BIRTH		Days Hours Min.
L	T WIDOWED	DIVORCED C	ICT 30-1891	75 yrs.	
		D OF BUSINESS OR	11. BIRTHPLACE (County & Sto		ZEN OF WHAT
a	uring most of working life, even if retired) Housewife	USTRY	Falla Ch	used Va	INTRY? (150
h	3. FATHER'S NAME	, ,	14. MOTHER'S MAIDEN NAM		9 7
L	Se 1 PM	11.2 lan.	Magdalene	Hogland	
H	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. J			radiev Riv
	Yes, na, ar unknown) (If yes give wor or dates of service)		1- 011	D = 4-1	nesda, Md.
L	No	None de	n. tuckers	H. Smith Beth	lesua, Mu.
	18. CAUSE OF DEATH (Enter only ane cause per line for (c	a), (b), and (c).)	^		INTERVAL BETWEEN
П	PART I. DEATH WAS CAUSED BY:	fen Seleson	tis heart	- disease	ONSET AND DEATH
L	4200 DUE TO				
	Candidiana if any which and a	74.0000 7 110	0.0	tuoschusi	100
ı	rise ta immediate couse (a),	ancie gins	explanation or	y los ceur	7-715
L	storing the underlying cause				
	lost. (c)				
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?
E4					YES NO
CEDTIELCATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESC	CRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Part	1 or Part II af item 18.)	5
103	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
		JURY OCCURRED 20e. PLAC	E OF INJURY (Hame, farm,	20f. (City or town) (Cour	nty) (State)
MEDICAL	Haur a.m. While	- Nat While - facto	ary, street, affice bldg., etc.)	(20)	
1	p.m. 19 at wark				
1	21. I certify that (1) (this hospital) attended	ed the deceased from/	960 ,19	to 5 Sept , 190	Z, that (I) (we) last
	saw the deceased alive on 4 Sens	19 <u>6</u> /, ond that	deoth occurred at $\mathbb{Z}^2$	M, fram causes and on th	e date stated obove.
	22a. SIGNATURE		ATTENDING AFT		TE SIGNED
	Noth Muyn	M.D	ATTENDING MET DIR	ECTOR PHYS. 9	15/67
	22c. PHYSICIAN'S	-		Ol Norfolk Ave.	
	NAME (Type) JOHN M. WYMA	N		thesda Marylar	
=	3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C			
1	REMOVAL (Specify)				
-	Burlal 9-7-67	Arlington 1		Arlington, Vi	
	24. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Be-	thesda, Mary	Zland SEC'D BY	REGISTRAR 2Sb. REGISTRAR'S SIG	GNATURE
	INDICA A TURBLINGIA DE	THEOLIGA PICT	/ LOUIS SEE		V /1 /1

papers. Pages 1 and 2 hin 72 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbo papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remayal, and in any event within 72 hours af TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12758

FOR STATE		/0 0 .0		MED	ICAL EXAM	NER'S	CERTIFICATE C	OF DEATH		
HEALTH DEPT.		MONT GON			M	RYLAND	2. USUAL RESIDENCE ( O. STATE MARYLANI	Where deceosed lived, if in b.	stitutian: Residence COUNTY MONTGOME	before admission)
deloy 30		b. CITY OR TOWN	(If autside carparate limits	5,	c. LENGTH OF STA		c. CITY OR TOWN (If a	utside corparate limits, writ		
0.5		OI NF Y	and give nearest tawn)		DOA		ROCKVILI	E		151
f m P Depo		d. NAME OF HOSP	PITAL OR INSTITUTION (If no	it in haspital,	give street address)		d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
form form		MONTGON	MERY GENERAL	HOSP I	TAL		335 LINC	OLN AVENUE		YES NO X
e Page with family be Sto		NAME OF	Fir		Middle		Lost		Manth	Day Year
the p will		DECEASED (Type or print)	IRE	NE	KELL	Y	SMITH	OF SEPT	EMBER	6, 19 67
ofter 8. Give along with th	S.		6. COLOR OR RACE		NEVER MARR		B. DATE OF BIRTH	9 AGE (In year	rs   IF UNDER 1	YEAR   IF UNDER 24 HRS.
s of 18. e ale 2 wi	F	EMALE	NEGRO	WIDOWED	DIVOR	CED 🔲	2-24-95	72 last birthdo	rs. Manths	Days Haurs Min.
vithin 24 hours ofter death. If pencil in Item 18. Give Pages 1, ominer's Office along with form e pages 1 and 2 with the Stote De tours ofter death.	dur	USUAL OCCUPATION OUSEW I FE	ON (Give kind of wark dane ng life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (State			ZEN OF WHAT NTRY? US A
il ir il ir ner's iges s of		FATHER'S NAME	•				14. MOTHER'S MAIDEN			OGA
within 2 n pencil ii Exominer File page: 2 hours of	A	ARON BOA	ADDIEV				SARAH BR	noks		
Z-X E-Z	15.	WAS DECEASED E	VER IN U.S. ARMED FORCES?  (If yes give war ar dates a	16.	SOCIAL SECURITY NO	. 17.	INFORMANT		Address	
executed inding" in Medical E permit. F		s, na, ar unknown <b>NO</b>	) (If yes give war ar dates o	of service)			MEDICAL RECO	nens		
hould be word "pe the Chief riol-tronsit			ate cause (a),	(a) TO (b)	(o), (b), and (c).)	Qui	Jose Santa	ulio Que	cons	INTERVAL BETWEEN ONSET AND DEATH
0 = 7 /	ATION		SIGNIFICANT CONDITIONS C		TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART'1(	a)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. EXTERNAL PRIMARY ☐ ar C CAUSE OF DEATH	CAUSE WAS CONTRIBUTING [2]		SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I ar Part II af item 11	3.)	
e the e 4 sh our fil	MEDICAL	Hour	NJURY Month, Doy, Year a.m. p.m. 19	20d. II While at war			CE OF INJURY (Hame, far tary, street, allice bldg., etc		n) (Caur	nty) (State)
5 0 5 64		21. I cert	ify that I tack charge	e of the rer	mains described	above, he	eld an Autapsy 🔲,	Inspection -	Inquiry,	and in my opinian
ITY MEDIC y, please eral directo be retained RAL DIREC		ACTUAL SIGNATURE EXAMINER'S	Wited from: Natura	al causes	Accident [	, Suid	DEPUTY MEDIC	EXAMINER DICAL EXAMINER DICAL EXAMINER		22. DATE SIGNED
o DEPUTY necessory, the funera 5 may be 5 proverA Heolth pri		NAME (Type)	919 Se.	20102	zvy R			t, city, tawn, or county)		
5==05=		BURIAL, CRÉMA REMOVAL (Spec BUR IAL FUNERAL DIREC	og/11/				CREMATORY  RK CEMETERY  250. REC	23d. LOCATION (City  ROCKVILL  D BY REGISTRAR 2S		County) (Stote)  MD.  GNATURE
VR A15ME (5)	12	obeit	Y Lucia	Den no	CIA/II I E	MD		P 1 1 1967		Quelar.

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

12759

2										
)	1. PLACE OF DEATH o. COUNTY	ntgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery						
	b. CITY OR TOWN (If our RURAL and give neares	tside corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					HIK	
	Silver Spri	ng	29 years	Silver S	oring		193 113	13-1		
0	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 1803-Grace Church			d. STREET ADDRESS 1803 Grace Church		Pard		ON A F	IS RESIDENCE ON A FARM? YES NO C	
I	NAME OF DECEASED (Type or print)	Josephine	Middle	Smith South	4. DATE OF DEATH	Septem Septem	ber 2		or 67	
		White WIDOW		8. Date of Birth Dec. 12, 1890	9. A		Months Days	Hours Hours	24 HRS. Min.	
	during most of working	Give kind of work done 10b life, even if retired)	Bun Home	Mentor, (	Phio	·)	12. CITIZEN OF	WHAT CO USA	UNTRY?	
	13. FATHER'S NAME  Charle	s S. Johnson	ı	14. MOTHER'S MAIDEN Anna	Clevelan	d				
	15. WAS DECEASED EVER IN (Yes, no, or unknown) (If ye	U. S. ARMED FORCES? 16.		NFORMANT Joward R. Sm	5il ith -1803	Grace	Spring Church I	Md. Road	13	
	Conditions, if ony, gove rise to imme couse (o), stoting the lying couse lost.	under-	temonahaque uke m	iA	Intesi	FINAL	ONS Z	S MO	uth	
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YOU NO ELECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED?  YES IN OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPSY PERFORMED.									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES  NO  200. ACCIDENT WAS UNDERLYING  AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)									
	20c. TIME OF INJURY	Month, Doy, Year 20d. While of wo	Not while for	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City or to	own)	(County)		(Stote)	
	21. I certify that I attended the deceased from April 1, 1966, to Sept 23, 167, that I last saw the calive an Sept 23, 1867, and that death accurred at 8.35 M, from the causes and an the date states									
1	PHYSICIAN'S GE	orge B. PAI	Faick, Thyn	6D. Sil	ver Sp	ving	1 m	19-		
	220. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	( .	-	(Stote)		
1	Cremation	Sept. 25, 1967	9th Lincol	Spains la	Prince		Co. Ma	-	a	
4	Warney & Dun	phrey Inc.	3434 Ga. Ave.	Md. DATE	SEP REGISTRAR	967 103	AK 3 SIGNATUR	final	Co	
	MANAGE CE I NOT			DATE	- The same of the	6				

offer death. Page 4 and 2 should be filed with funeral directar, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs may be retained haspital ar attending physician.

TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in the control of the completely filled in the control of the D FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

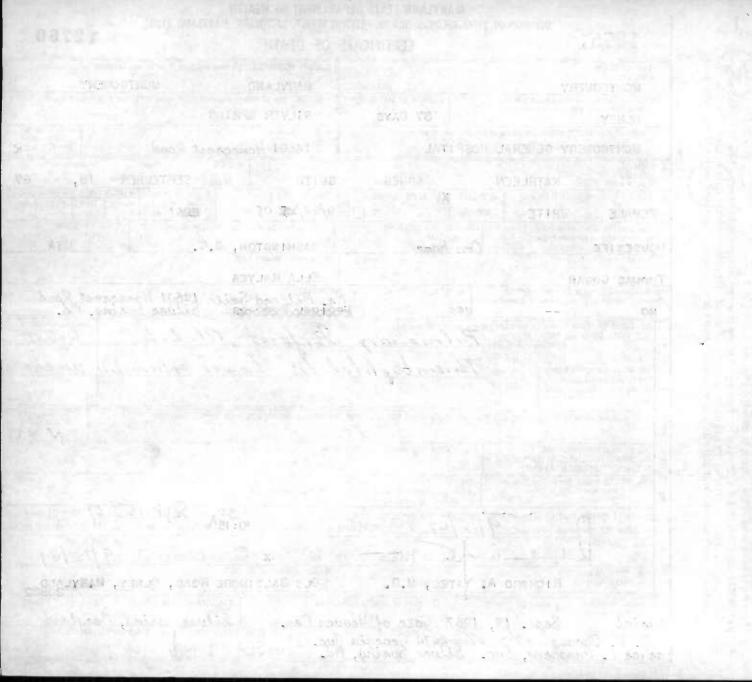
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		u=	- N. P.		

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12760 12751 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE MONTGOMERY MARYLAND MARYLAND b. CITY OR TOWN (If gutside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) requires that the death certificate be executed within 24 hours SILVER SPRING 37 DAYS OLNEY e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS .⊑ filled MONTGOMERY GENERAL HOSPITAL 14601 Homecrest Road YES NO K corbon 3. NAME OF First Middle 4 DATE Manth Year Day DECEASED camplete KATHLEEN AGNES SMITH SEPTEMBER 67 15 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** remaye last birthdoy) Months Hours 9/24/26 05 DIVORCED FEMALE WHITE WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** WASHINGTON, D.C. USA HOUSEWIFE Jun home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ELLA RALYEA THOMAS COGAN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? ford Smith 14601 Homecrest Road 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dotes af service 10 NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying couse attending been s the ATTENDING PHYSICIAN: The law 19. WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ detached f te Dept. af P OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour 'a.m. foctory, street, office bldg., etc.) After at wark 21. I certify that (1) (this haspital) oftended the deceased from and that death occurred at 10: 15 M, from causes and on the date stated above. TO FUNERAL DIRECTOR: sow the deceosed alive on. directar, page 3 sha should be filed with 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S O HOSPITAL OLD BALTIMORE ROAD, OLNEY, MARYLAND NAME (Type) RICHARD A. YATES, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Heaven Cen-2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

19761

-		12752	CERTIFICATE	OF DEATH		12101
1		PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (When	re deceased lived, if institution: Residen	nce before odmission)
5	M	montgomeru	MARYLAND	MARYLAND	PRINCE G	EURGE'S
	k	<ul> <li>b. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest town)</li> </ul>	C. LENGTH OF STAY IN 15		e corporate limits, write RURAL and give	e neorest town)
		Hyattsville	SILVER SPRING		ILLE	16-2
6	(	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
0		Holy 42055	HOSPITAL	6504 FLAN		YES NO X
	(	NAME OF DECEASED (Type or print) James	CHESTER Stephen		DATE Month OF DEATH	Doy Year 2 - 19 67
	S. S	SEX 6. COLOR OR RACE 7.1		B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	1 YEAR IF UNDER 24 HRS. Dovs Hours Min.
				MAY 4, 190	9 58 yrs.	
	duri	n. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) ENGINEER	10b. KIND OF BÜSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sto	(0	TIZEN OF WHAT DUNTRY?
		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	E	
		ERASMUS W. ST	TEPHENSON !	DAISY	LINDSAY	
		was DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of serv	vice) 16. SOCIAL SECURITY NO. 17. IN	NFORMANT RG-INIA STEI	PHENSON Address SA	ME AS #2
		18. CAUSE OF DEATH (Enter only one couse pe				INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)	CARDIAC ARRES	T		ONSET AND DEATH
		4201 DUE TO				
		Conditions, if ony, which gove (b)_	ARTERIOSCHEROTIC 1	HART DISEASE	= GRONARY INSUF.	10 1905.
		stoting the underlying couse DUE TO		2 (AC. 40		1 10.0
		last. (c) _	CARDIAC ARRY	1417/14		16 MCS.
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO
	RTIFIC	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Port	I or Port II of item 18.)	
	E CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Co	unty) (Stote)
		21. I certify that (I) (this haspital		. 19.5	3. to 32 A. 196	22, that (I) (we) last
		saw the deceased alive an			M, fram causes and an t	
		220. SIGNATURE	R Well M.D.	ATTENDING MED	D. STAFF 22b. D. PHYS. D 9	ATE SIGNED
		22c. PHYSICIAN'S		224 ADDRECC		
		NAME (Type) HENRY R.	WOLFE	HYA	ITTSVILLE, MD.	
2	230.	BURIAL, CREMATION, 23b. DATE THEREOF			23d. LOCATION (City or Town)	(County) (Stote)
		Jourse Sept, 25,	1967 FORT LINCOL		BLADENSBURG, N	
	24.	FUNERAL DIRECTOR	ADDRESS O	250 SEE BY	REGISTRANGE 256. REGISTRANS	IGNATURE .
J	16	V. W. Chambers Co	Keverdale, 11	CC DATE	0 5 1007 00%	0.0.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept, at Health priar ta burial, crematian, or removal, and in any event, within 72 hours afforded. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

VR A15 (4)

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	AT PROPERTY.		
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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL DECORDS 201 W DESTAN STREET PAITIMORE MADVIAND 21201

	12753	DIVISION OF VITAL P		OF DEATH	E, MARTERIED ETZVI	12762	2
	PLACE OF DEATH a. COUNTY	nTgome	PU MARYLAND	2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution		
	b. CITY OR TOWN (If autside write RURAL and give no	e corporate limits, earest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsi	de carporate limits, write RUR		/
		NSTITUTION (If not in hospital,		d. STREET ADDRESS	GRORGIA	e. IS RESIL ON A F.	DENCE ARM? NO
	NAME OF DECEASED (Type or print)	William	Middle		4. DATE Month OF DEATH SED		
S.	SEX 6. COL	OR OR RACE 7. MARRIED  LITE WIDOWED	NEVER MARRIED DIVORCED	8 DATE OF BIRTH	9. AGE (In years production of the second of	IF UNDER 1 YEAR   IF UNDER Months   Days   Hours	R 24 HRS
	. USUAL OCCUPATION (Give ki ing mast of warking life, eyer Grocery	if retired)	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT COUNTRY?	
13.	Frank Duc	lley Stubbs		14. MOTHER'S MAIDEN NA Estelle			
15.	WAS DECEASED EVER IN U.S. es, no, or unknown) (If yes o	ive war or dotes of service)		NFORMANT Wife thel L. Stu			
	PART I. DEATH WAS	MMEDIATE CAUSE (0)		uscular A	ecident	INTERVAL BET ONSET AND D	
	Canditions, if ony, which on the course to immediate course stating the underlying collast.	(O), ( DIJE TO	exalized	ATherosci	lerosis	yrs.	
CERTIFICATION	PART II. OTHER SIGNIFICAT  A Leu ma  200. ACCIDENT WAS UNDER! OR CONTRIBUTING  CAUS (IF EITHER, NOTIFY MEDICAL	Toid ORT.  YING DEATH 20b. DI	TO DEATH BUT NOT RELATED TO CARRED.	Remia		19. WAS AUTÓ PERFORM YES	
MEDICAL	20c. TIME OF INJURY Mon Hour o.m.		Not While foct	CE OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City or town)	(County) (	(Stote)
	21. I certify that saw the decease	(i) (this haspital) atten	ded the deceased fram		67, to ARP 1		
	220. SIGNATURE	nd T. Be	nack M.		ED. STAFF PHYS.	22b. DATE SIGNED 9/19/67	
		symond T.	BenACK MI	4115 Coli	e Drive, Whea		
23c	o. BURIAL, CREMATION, REMOVAL (Specify) UT1a1	23b. DATE THEREOF 9-21-67	23c. NAME OF CEMETERY OR Parklawn		Rockville	n) (County) (S Maryland	Stote)

Parklawn Cemeto ADDRESS Bethesda, Maryland

Cemetery

250. REC'D BY REGISTRAR DATESEP 2 2 1

25b.

1967

VR A15 (4) 25M 1/67

24. FUNERAL DIRECTOR ROBERT A.

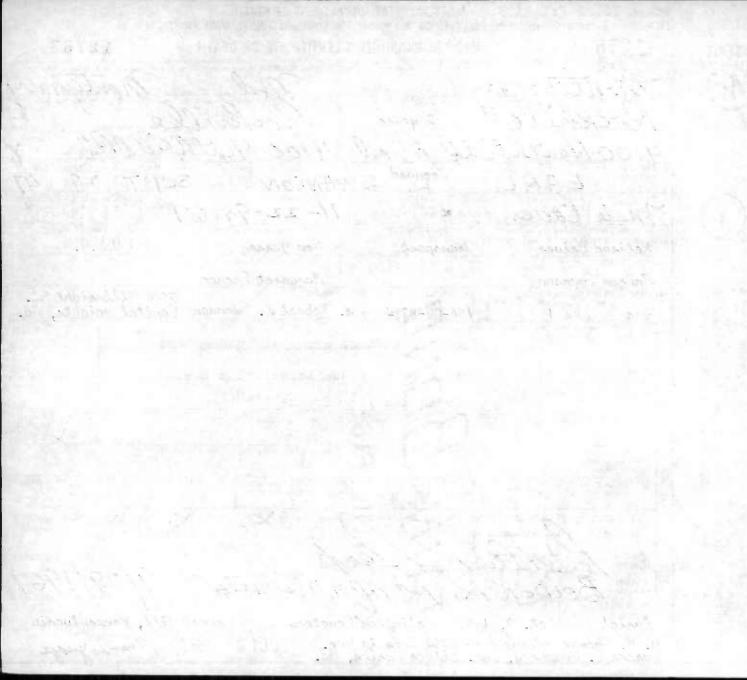
THE SURE OF THE PARTY OF THE PERSON AND THE 11 Ta/21/2 the second of th 

10-20-67 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12763 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) MARYLAND delay CLENGTH OF STAY IN 16 c CITY OR PM3 State Departm 2 years Pe. IS RESIDENCE INSTITUTION (If not in hospital, give street oddres d. STREET ADDRESS Give Pages 24 haurs after death. NAME OF Leonard DATE OF DEATH DECEASED (Type or print) AGE (In years SEX OR RACE IF UNDER 7 MARRIED NEVER MARRIED Months Doys Item 18. WIDOWED DIVORCED IDo LISUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Driver COUNTRY? INDUSTRY Transport New Jersey 2 e certificate, writing the word "pending" in pencil in shauld be forwarded to the Chief Medical Examiner's burial-transit permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within 72 hours Margaret Spence Andrew Swanson IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO 7584 es Millwright St. (Yes, no, or unknown) (If yes give wor or dates of service) event within Mr. Robert L. Swanson anital Heights. 186-09-8384 ues INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute pulmonary edema and congestive IMMEDIATE CAUSE (o) DUF TO any Conditions, if ony, which gove heart failure due to Hypertensive rise to immediate couse (o), = DUF TO 0 stating the underlying couse cardiovascular disease be used remayal, PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 shavid 10 PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) FUNERAL DIRECTOR: Page Not While Inquiry D and in my opinion death resulted from Natural causes X funeral director. Hamficide Underermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE prior **EXAMINER'S** Health or county CEMPLERY OR CREMATORY the 23o. BURIAL, CREMATION, 23d. LOCATION (City 50 Surval (Specify) Arlington Cemetery Drexel Hill. Pennsylvania 1.967 REGISTRAR 1967 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

Items 18&21 Film 393

6M 1/67



1		12755	CERTIFICATE	OF DEATH	1	2764
)	(	PLACE OF DEATH D. COUNTY MONT gome	MARYLAND MARYLAND	a. STATE MAKE	ere deceased lived, if institution: Re	honlyone
	0	OCITY OR TOWN (If autside for arate limits, write RORAL and give nearest town)	a. LENGTH OF STAY IN 16	Silver	de carparate fimits, write RURAL on	15-1
0	C	s. NAME OF HOSPITAL OR INSTITUTION (IF not in	lursing Home	d. STREET ADDRESS	Ellan Court	e. IS RESIDENCE ON A FARM? YES NO
	- 1		A Middle Su MARRIED NEVER MARRIED 18	ENDIMAN  DATE OF BIRTH	4. DATE Month OF DEATH  9. AGE (In reors IFUI	26 1967 NDER 1 YEAR 1 IF UNDER 24 HRS.
	7		VIDOWED DIVORCED DIVORCED DIVORCED	11-9-188	last birthday) Man	
	duri	ng most of working life, even it etired)  FATHER'S NAME	INDUSTRY	14. MOTHER'S MAIDEN NAI	Enter, Mins	UOUSTAY
	15	ALBERT TRAPP WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	KATHERI.		(0.71.00
	(Ye	s, no, grunknown) (If yes give war or dates af ser	vice) 578-46-1348	Cospean	RN Soloni	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).  DUE TO	Cerchious	reales	audett	ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause	Deresals	ned as	temoclern	YKS.
		PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY
1	CERTIFICATION					PERFORMED? YES NO
		20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (			(6)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o.m. p.m. 19	While at wark focto	E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	20f. (City ar town)	(County) (State)
		21. I certify that (I) (this hospitors saw the deceased alive an	7 . 4 14 17	death occurred at_	93 M, from causes and	
		22a. SIGNATURE Albert	14- Dellerano	. PHYS. 🗀 DI	ED. STAFF 22 RECTOR PHYS. 22	b. DATE SIGNED
		22c. PHYSICIAN'S NAME (Type)	PALBERT H. C	22d. ADDRESS	1106 31	LVEL STREET
)		BURIAL (REMATION 23b. JATE THEREO REMOVAL (Specify)	7-1967 IL Juce	lu	Meaning (City or Town)	(County) (State)
1	24	FUNERAL DIRECTOR	ADDRESS ADDRESS	treat a		AR CSIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carpon shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event we

VR A15 (4) 25M 1/67

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### CERTIFICATE OF DEATH

N			CERTIFICATE	OF DEATH		
1		PLACE OF DEATH \$802 Lawe o. COUNTY Montsomery	CLST. Beiteson	2. USUAL RESIDENCE (Where deceosed o. STATE	lived, if institution: Resider	nce before odmission)
3		b. CITY OR TOWN (If odtside corporate lithits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16  (2) LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate	limits, write RURAL ond giv	ve netuest town)
1. 7		d. NAME OF HOSPITAL OR INSTITUTION (IF not in H	aspital, give street oddress)	d. STREET ADDRESS 8802 Lowell	St	e IS RESIDENCE ON A FARM? YES NO
3		NAME OF DECEASED (Type or print) Clarles	Middle Ja	Last 4. DATE OF DEATH	Sept.	Doy Year 7
w	_	SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED B	ATE OF BIRTH 9. A	AGE (In years IF UNDER lost birthdoy) Months	1 YEAR   IF UNDER 24 HRS. Doys Hours Min.
3		. USUAL OCCUPATION (Give kind of work done ing most of working hip, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY NRH	11, BIRTHPLACE (County & Stote, or foreig	n country) 12. Co	OUNTRY? 2.5. H.
lie	13.	Charles L.	Laylor	14. MOTHER'S MAIDEN NAME D	tewart	
ne		WAS DECEASED EVER IN U.S. ARMED FORCES? s. no, or unknown) (If yes give wor or dotes of serv		When the	ac aba	ve
10.		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)		CAROIAL IN	FARCTIO	INTERVAL BETWEEN ONSET AND DEATH
with		Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse (c)	CORONARY	ARTERY L	DISEASE	UNDET.
2.	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI		HE TERMINAL DISEASE CONDITION GIVEN	IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
2	CERTIFICA	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I or Part II	of item 1B.)	
3	MEDICAL	20c. TIME OF INJURY Moint Day, Yeor Hour o.m.		E OF INJURY (Home, form, ry, street, office bldg., etc.)	City or town) (Co	ounty) (Stote)
200		21. I certify that (I) (this hospital saw the deceased olive an	attended the deceosed from	deoth occurred at \$2 4 M,		<b>67</b> , thot (I) (we) last the dote stoted obove.
		220. SIGNATURE	A Hope M.D	111131	CTACE	pt. 7, 1967
1		22c. PHYSICKINS NAME (Type) L HUREN		22d. ADDRESS Eye	St. N.W.	ebsh, D.C.
		Burial, CREMATION, REMOVAL (Specify) Burial 9-9-196	7 Congression	nal Cemetery/ W	TION (City or Town) ashington.	(County) (Stote)
		superal director 5130 wiscomes of the second		DATE SEP 1 1	1967 REGISTRAR'S	SIGNATURE JUNGE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 moy be retoined by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbin pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event. Within 2 fours after death. VR A15 (4) 25M 1/67

The Committee of the Control of the Bureau Merry Olarles & Saglan Sept. 7 17 81P1 x1408 Curation NRA Washington DC 2551 Charles of Laylor Nina Stewart year 579-07-9020 Wife Ou obsure ACUTE NYOCHROIPS INGARCTION CORONARY ARTERY DISEASE CHOEF 10 1 2005 IL SHOW Januara C. College X X Sept. 7, 1967 LAWRENCE H. RAPEE MOL Eyest NW. Word St. 

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### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2.10	THE PROPERTY OF	CERTIFICATION D	-/1//	1.75 (1.75)	
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, if instituti b. COUN		ssion)
Monlainne	MARYLAND	o. Maryland	5. 599	ontgomery	
b. CLIV OR TOWN (If autside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	carporate limits, write RUF	RAL and give nearest tawn)	
Write KIKAL and give nearest town)	9	Silver opr	ing	15.1	
d. NAME OF HOSPITAL OR JUSTITUTION (If not in h	host ital, give street address)	d. STREET ADDRESS		e. IS RE	SIDENCE FARM?
1055-BKIPLEY	STREET	8415 Woodcli	2.0	YES	NO (
3. NAME OF DECEASED (Type or print)  TOHN	ROBERT TH	COMPSONI (	OF PEATH PMant	25	Year 67
S. SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haur	DER 24 HRS.
male Mule w	IDOWED DIVORCED	June 2, 1906	61 yrs.	marilis Days ridui	> PHIF1,
Oa. USUAL OCCUPATION (Give kind of wark dane	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or far	eign cauntry)	12. CITIZEN OF WHAT	
during most of warking life, even if retired)  Night Watchman	Refuse Co.	Maryland.		COUNTRY?	
13. FATHER'S NAME	17(0) 2000 000	14. MOTHER'S MAIDEN NAME		Weclette	
John E. Thompson		Catherine	Lindsay		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	OIL FAdde	ess d-1:11 C-	. 4
(Yes, no, or unknown) (If yes give wor or dates af serv	uce) yes Eli	zabeth H. Key	Silver	Spring. Md.	ri
18. CAUSE OF DEATH (Enter only one cause pe		guoedi N. Nega	1 0	INTERVAL E	BETWEEN
PART I. DEATH WAS CAUSED BY:	tothe m	Jamera	Maria	ONSET AND	DEATH
3 2.2 / IMMEDIATE CAUSE (a) DUE TO	2	1/2	2	11	1
Conditions if any which ages >	Times De	of Pa	Un min	0	
rise to immediate cause (a),	and said	E/CE C	Coruc		
stoting the underlying cause	8 Husles	<b>M</b> .		TEN LIE	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IDUTING TO DEATH PUT NOT BELATED TO	THE TERMINAL DISEASE CONDITION	N CIVEN IN PART 1/a)	19. WAS AI	YZGOTI
TAKT II. OTHER SIGNIFICANT CONDITIONS CONT.	TOUTHOU TO DEATH OUT NOT KEENED TO	THE TERMINAL DISEASE CONDITIO	N ONEN IN PART I(d)	REREDI YES	
20d. EXTERNAL CAUSE WAS PRIMARY  CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part 1	ar Part II af item 18.)		
20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m. 19		CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(County)	(State)
21. I certify that I took charge of	the remains described above he	ld an Autapsy Xt. In:	spection X, Inqu	Jiry No and in m	v opiniar
death resulted from: Notural ca		ide . Homicide	Undetermined m		,
6 10	A A A A A A A A A A A A A A A A A A A	CHIEF MEDICAL EXAM	MITTERS.	Office	
ACTUAL SIGNATURE SIGNATURE	Klean	M.D. ASSISTANT MEDICAL E		22. DA	TE SIGNED
EXAMINER'S BELDEN	R. REAPI	Y. D. Address Breek Carl		-25-19	67
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 2	3d. LOCATION (City or To	wn) (County)	(State)
REMOVAL (Specify) Sept. 28.	1967 Cedar Hill	Cemetery		laryland	
OA FUNEDAL DIDECTOR	mas 8434 Georgia Au			GISTRÁR'S SIGNATURE	
Varner E. Pumphrey. Inc	massiff georgia in	MA DOCT 2	1967 80	Garley Jude	2

HEALTH DEPT. in pencil in Item 18. Give Pages 1, 2, and 3 to Page any deloy is elettra with form PM3. with the State Departm This certificate should be executed within 24 hours after deoth. If Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death necessary, please execute the certificate, writing the word "pending" in pencil in Item 1 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land MEDICAL EXAMINER: TO DEPUTY

VR A15ME (5)

FOR STATE

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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$\bigvee$							CERTI	FICATE	OF DEA	TH					
٦	1	PLACE OF o. COUNTY		Montgome			MA	RYLAND	2. USUAL RESI	DENCE (WI	ere deceose	f Colu	titution: Res	sidence befo	ore odmission)
/		b. CITY OR write RI	TOWN (I PAL and ethe	outside corporote li give neacest tawn) Sda (rura	imits,	С.	LL day		c. CITY OR TOW		ide carporate		RURAL and	give near	est town) 47-3
				L OR INSTITUTION (		al, give s	treet address)		d. STREET ADD	RESS					e IS RESIDENCE
١		N	aval	Hospital		310			166	l Cre	scent	Place	N.	W.	ON A FARM? YES NO X
	3	NAME OF DECEASED (Type or pr	int)	Н	first larry		Middle Raymon	ıđ	THURBER		4. DATE OF DEATH	Sep	donth tembe	r 1	Year 19 67
		SEX Male		6. COLOR OR RACE Cauc.	7. MARR	ED 🗍	NEVER MARRI DIVORC		8. DATE OF BIRTH	, 189	5 9.	AGE (In year: last birthdoy yr:	) Mont	hs Doys	
	ll di	o. USUAL OCI	UPATION l polikiow Na	(Give kind of work de fe, even if retired)	tired	NDUST	F BUSINESS OR RY		11. BIRTHPLACE Hoquian				12	2. CITIZEN C COUNTRY	Y USA
	T	B. FATHER'S		444			1.0		14. MOTHER'S	MAIDEN NA	WE				
		Fr	ank	L. Thur	ber				Emma :						
	1	Yes no, or un	ASED EVE known)	IN U.S. ARMED FORCE	ES? les of service)		16 918 56 56 518		nformantPl						D. C. rescent
		Condition rise to im stoting the lost.	s, if ony, mediate ne under	which gove couse (o), ying couse	(c)		of the	traci	nea					0	ITERVAL BETWEEN NSET AND DEATH
	CEPTIFICATION	PARI II.		NIFICANT CONDITION	Mark	200							32.5	19	WAS AUTOPSY PERFORMED? YES NO
	I CEPTIE	2Do. ACCII OR CONTR (IF EITHER	<b>IBUTING</b>	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b	. DESCRIB	E HOW INJURY	OCCURRED.	(Enter noture of i	njury in Po	rt I or Port	II of item 18.			
	MEDICAL	1	Hour 'o.m p.m		19 W	hile work	OCCURRED Not While of work	foct	CE OF INJURY (Ho ory, street, office b	ldg., etc.)		(City or town		(County)	(Stote)
		KOW	the de	y thot (29) (this l ceased olive on	nospitol) ott <u>Sept</u>	ended 19	the deceosed19_67,	from_S	ept.8 I deoth occur	, 19 red_ot	67 , to 225 PM,	Sept.	es ond o	n the do	te stoted obov
		220. SG	1	· Mu	20	ور		М.С			ED. RECTOR [	STAFF PHYS.		Sept.	20,1967
		22c. PHY	_	J. T. 1						l Hos	pital	, Beth	esda,	Md.	
		REMOVA	(Sperify)	9-22	2-1967	'	Arlingt		ational		Ar	ation (City of lingto	n. V:	(Count	ia
				Jos. Gaw					25	So. REC'D	REGISTRA	967 25b.	REGISTRA	R'S SIGNATI	URES
	BC	Wisc	onsi	n Ave., 1	V. W.	Wash	ington,	D. 0	D.	12 GTA	46	6	7	9	

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

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	CERTIFICA	IL OI DLAIII		Reg. Dist. No.				
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylan	- L COUNTY	n: Residence before admission) Montgomery				
<ul> <li>CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)</li> </ul>	rite c. LENGTH OF STAY IN 16			URAL and give nearest town)				
Chevy Chase	24 years		nase	15-7				
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION 7003 Florid		d. STREET ADDRESS 7003 Floric	da Street	e. IS RESIDENCE ON A FARM? YES NO S				
3. NAME OF First DECEASED (Type or print) MARIAN	Middle	Last 4	DATE Mont OF DEATH Septe	th Day Year				
Tramala Libratio	MARRIED NEVER MARRIED 5 8	. DATE OF BIRTH  Jan. 19,1888	last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			foreign country)	12. CITIZEN OF WHAT COUNTRY				
Teacher	Retired	Mass.		U.S.				
13. FATHER'S NAME Horace W. Tinkha	.719	14. MOTHER'S MAIDEN NAM						
		Mary E. S						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)  [If yes, give war or dates of service)		rrella W. T	ar Sam	e as Item 2.				
Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying cause lost.  Co. Part II. OTHER SIGNIFICANT CONDITION	Carapanya Anteniaso/ Discontributing to Death But n	PKOSIS, G NOT RELATED TO THE YERMINA	Jenosis Jehenalis, IL DISEASE CONDITION GIV	PERFORMED?				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Por	t I or Port II of item 18.)	USIONS YES NO NO				
Hour o. n.	Nod. INJURY OCCURRED 20e. PLACE 1 1 20e. PLACE 1 1 20e. PLACE 1 20e. P	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)				
21. I certify that I attended the deceased fram								
PHYSICIAN'S STEWANT	Clapp M.	D. Chevy C	hase Mo	1.				
220. Burial, CREMATION, REMOVAL (Specify) Burial 9-25-67	Ft. Lincoln		ed LOCATION (City, town, o					
23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY,	Bethesda, Mar		EP 29 1967	TRAR'S SIGNATURE  JULIANUS JULIANUS				

e funeral director, lould be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 e hospitol or ottending physicion. : After this certificote hos been signed by the ottending physician ond completely filled in moy be retained to the hospital or attending physician.

TO FUNERAL DIRE

1. After this certificate has been signed by the ottending physician and complet page 3 should be ached for use as the buriol-transit permit. Then please remove carbon pagers. the registror prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

## MARKIAN STATE DEPARTMENT OF HEALTH-RAFFIMORE.

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EXAMINER'S CERTIFICATE OF

16636	CENTIFICATE OF DEATH
1. PLACE OF DEATH 4	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
O. COUNTY Montgamery MARYLAND	o. STATE Manufact b. COUNTY Mentagence
b. CITY OR TOWN (If outside Apporate limits) c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carparate limits, write RURAL and give profrest town)
write RURAL and give regrest town)	Leaf : 11
	1) acaulle 13
d. NAME OF HOSPITAL OR USTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS  e IS RESIDEN ON A FARM
Mhurhan	13201 Fexden Drune YES NO
3. NAME OF LARENE First RICHARDS Middle Torge	Sen Lost 4. DATE Month Doy Year
	raesen DEATH deptember 20 196
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	PATE OF BIRTH 9. AGE MY YEAR   IF UNDER 1 YEAR   IF UNDER 24
Lemple white WIDOWED   DIVORCED	Months Doys Hours
1	March 23-1912 53 yrs.
10b. USUAL OCCUPATION (Give kind of work done during most of working life oven if retired)	11. 8IRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
admenutative fficer dections.	Malad City-Saaho USH
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Kichards	Unna Theres Dudley
	INFORMANT Address
(Van un fan allen and 10f an aire france dates of annies)	y John L. Forosen - aline
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Injuries, multi	INTERVAL BETWE
IMMEDIATE CAUSE (0)	bie, pevere
823,4 DUE TO	
(b) Automobile acci	dent 2 hrs.
rise to immediate cause (a), stating the underlying cause	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
None The second	PERFORMED?
None  200. EXTERNAL CAUSE WAS  1 20b. DESCRIBE HOW INHIBRY OCCURRED	YES NO
None  200. EXTERNAL CAUSE WAS PRIMARY SO OF CONTRIBUTING  CAUSE OF DEATH  CAUSE OF DEATH  20b. DESCRIBE HOW INJURY OCCURRED  CAUSE OF DEATH	(Enter nature of injury in Port I or Port II of item 18.)
	weility pold + sha was throw-
	ACE OF INJURY (Home, form, 20f. (City or town) (County) 3 (Sto
Hour o.m. Jent 20 19 (7) While Otwork of work	etay, street, office bldg etc.) Rickin lle. Mont Mil
21. I certify that I taak charge of the remains described abave, h	
death resulted fram: Natural causes , Accident X, Sui	icide, Hamicide, Undetermined manner
ACTUAL O O	CHIEF MEDICAL EXAMINER
SIGNATURE Copies	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S JOHN J. ROS CON MO	DEPUTY MEDICAL EXAMINER
NAME (Type) (619 Semmary Ris Jedber	Spen Aldress (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	(-1
Burial 9-23-1967 Parklawn	Cemetery Rockville Md
24_FUNERAL DIRECTORADDRESS	Cemetery Rockville Md 250. RECD BY REGISTRAR 967 25b. REGISTRAR 5 SIGNATURE DATE SEP 2 7 1967
Joseph Gawler's Sons, Inc. 5130 Wisc. Ave. N. W. Wash.DC	DATESEP 27 1961
5130 Wisc. Ave. N.W. Wash.DC.	DAIL OF THE PROPERTY OF THE PR

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of A15ME (5)

5 may be retained far yaur files.

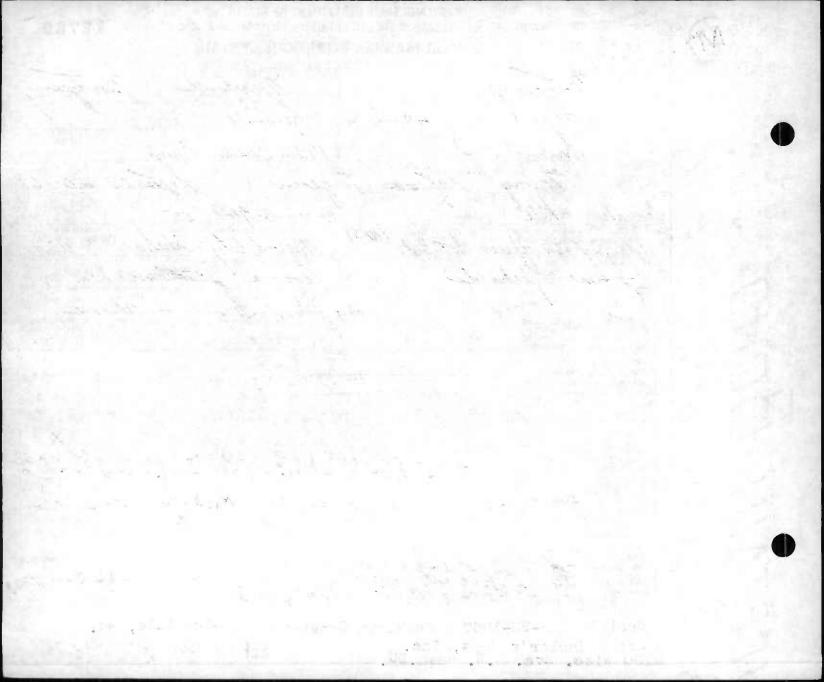
necessary, please execute the certificate, writing the ward "pending" in pencil in term 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiners Office along with form PM3. Page

Health priar to burial, cremation, or remaval, and in any event within 72 hours after death.

5

TO DEPUTY MEUCAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

any delay is



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	OMCA	 THE RECORDS,		11. 1 14.51011	
-	2761		CER	TIFICATE	01

12770

		12.00 x		CERTIFI	CATE	OF DEATH		12	2770
		PLACE OF DEATH O. COUNTY MONTGOMERY		MARYL	AND	a CTATE	there deceosed lived, if institution b. COUNT	V	before odmission)
		b. CITY OR TOWN (If outside corporate limits, write pure page nearest town) RU	CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b wrighthe Spike nearest town) RURAL 33 hours				tside corporote limits, write RURA  **Silver Sprin	L ond give n	
6		d. NAME OF HOSPITAL OR INSTITUTION (IF not US NAVAL	in hospitol,	give street oddress)		d. STREET ADDRESS	XXX 1203-Fores	t Gle	e IS RESIDENCE ON A FARM?
		NAME OF DECEASED (Type or print) BABY/B	T) YC	Middle WIN A)	TOW	Lost NSEND	4. DATE Month OF SEPT	. ]	Day Year L6 19 67
	S.	MALE CAUC	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH  15 SEPT. 19	lost hirthday)	Months D	Doys Hours Min.
	duri	100. USUAL OCCUPATION (Give kind of work done during most of working life, eyes if retired)  10b. KIND OF BUSINESS OR INDUSTRY  NA				11. BIRTHPLACE (County 8 MONTGOMER	Stote, or foreign country)  RY MD.		EN OF WHAT VIRY? USA
	13.	RONNIE E. TOWNSEND				14. MOTHER'S MAIDEN N			
	IS. (Ye	was DECEASED EVER IN U.S. ARMED FORCES? es, no grunknawn) (If yes give war ar dotes af	ervice) 16.	SOCIAL SECURITY NO.	1 1	NIE E. TOWN	VER SPRING Address ISEND MD. GLE	-	
		18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY:  7 7 8 IMMEDIATE CAUSE (country)  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse output for the country of the country	PRE		LINE	MEMBRANE D	ISEASE		INTERVAL BETWEEN ONSET AND DEATH
1	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)						170	19. WAS AUTOPSY PERFORMED? YES X NO
	L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OCC	URRED. (	Enter nature of injury in F	Port I or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. 19	20d. 1 While of wor	Not While		E OF INJURY (Home, farm, ry, street, office bldg., etc.)		(Caunt	
		21. I certify that (I) (this haspi saw the deceased alive on	tol) otten L6 SEI	ded the deceased f PT. 19 67, a	rom nd that	death occurred at:	9 67, to 16 SEP 2:50PM, from causes ar	19 <u>67</u> nd on the	(, that (I) (we) last date stated above.
		220. SIGNATURE	ison	~ GOET 1	F M.D	. PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE	ESIGNED CP 1967
		PHYSICIAN'S NAME (Type) CAPT J. TO	MASOT	VIC, USAF		NAVAL HOS	SPITAL, BETHESI	DA MT	).
	I	2. BURIAL, CREMATION, 23b. DATE THER Sept. 2		23c. NAME OF CEMET		REMATORY .	DANVILLE	1) (0	ounty) VA • (State)
	24		en Car	eter ADDRESSU 34	Ga.	Ave. 250. REC'D		ISTRAR'S SIGI	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, when 72 hours after death. IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

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1975 DE TELE MINIONE PER HOTOGO DE PORTO ATEC DE LOVIDO \*The house of the contract 24 CHEOMON! (A DIFF) KOR'MAA CHARGE STATE STATES CONTEXTO ON UNISHBAR N AT THE COLUMN THE SECT. OF THE SECT. OF THE SECT. OF SAST J. TOWNSON, THE PROPERTY HORSELDS, MO. MATTERS SHEAT WALLEY WALLEY THE

12771

## CERTIFICATE OF DEATH

	o. COUNTY	ONTGOMERY		MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE  Maryland b. COUNTY XXXX Montgonery					
	b. CITY OR TOWN	If outside corporate limits pive nearest town)	RURAL	c. LENGTH OF STAY  33 hour		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Silver Spring 15					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  US NAVAL					d. STREET ADDRESS  1203 Gorest Glen Road YES NO NO NO					
	NAME OF DECEASED (Type or print)	BABY/GI		TWIN)	TOWN	SEND Lost	4. DATE OF DEATH	Month SEPT			Year 9 67
S.	FEMALE	6. COLOR OR RACE CAUC	7. MARRIED WIDOWED	NEVER MARRIE		DATE OF BIRTH  15 SEPT. 19	_		Months Do		S Min.
100 dur	ing most of working	N (Give kind of work dane life, even if retired)		IND OF BUSINESS OR IDUSTRY NA		11. BIRTHPLACE (County MONTGOME		n country)  D •	12. CITIZEN COUNTI		A
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME	11.55			
		E. TOWNSEN				CYR					
15. (Ye	es, no of unknown)	R IN U.S. ARMED FORCES? (If yes give, war or dates a	f service)t	SOCIAL SECURITY NO.		IFORMANT NIE E. TOWN		VER Address 203 FORES			•
	Canditions, If any rise to immediat stating the under	e couse (o), rlying couse	TO (b)			MEMBRANE D				ONSET AND	
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT RE	LATED TO TH	HE TERMINAL DISEASE CON	NDITION GIVEN I	N PARI I(o)		PERFOR	
MEDICAL CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	OCCURRED. (E	inter nature of injury in	Part I or Port II	of item 18.)			
MEDICA	20c. TIME OF INJ Hour o.i	10	20d. II While at wor			OF INJURY (Hame, farm ry, street, affice bldg., etc.)		City or town)	(County)		(Stote)
	21. I certi saw the d	<b>fy</b> that (I) (this haspeceased alive an	oital) attend	ded the deceased	fram and that	15 <b>SEPT</b> , l death accurred at	9.67 ta_ 5:25PM, 1	16 SEPT	1967, nd an the c	that (I) late state	(we) last ed abave
	220. SIGNATURE ATTENDING MED. STAFF 22b.								22b. DATE S	IGNED EP 196	67
	22c. PHYSICIAN'S NAME (Type	) 4	POMASOT	TC. USAF		22d. ADDRESS NAVAL HO	OSPITAL	, bethes			
230	BURIAL, CREMATION REMOVAL (Specify BURIAL)	ON, 23b. DATE THE	REOF	236. NAME OF CEM				ION (City or Town	) (Cou		(State)
24	. PUNERAL DIRECTE	* GET CONSTRUCTION	en Can	+ RAL ADDRESSO	Ave.	S.S. Med RICH	BY REGISTRAR	1967 <sup>25b. REGI</sup>	STRAR'S SIGNA	TURE	yes.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, which in 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retoined by the hospital or ottending physicion.

VR A15 (4) 25M 1/67 7 - 267 062

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RI .TEL (ELECTE) TOWNSHID THE CHEE

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MA BOHNER W. TORNINGO 1509 NORMOT CLERKING.

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MANNE HORRIGAN, JAMESHA, MD.

1 12763 MARYLAND STATE DEPARTMENT OF HEALTH	TIMORE 1 MARVIAND
Item 2 Film G393 9/28/67 kiCERTIFICATE OF DEATH	TIMORE 1, MARYLAND
1. PLACE OF DEATH    2. USUAL RESIDENCE (Where decessed live	ed, If Institution: Residence before edmission
	COUNTY MKANTGIOSH KRY
Solvar Soruma 3 4rs. 15/8/10/1805/4 & Roted	/Re Washington
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADDRESS  BLURANSWING IM	dy 473 o. IS RESIDENCE ON A FARM? YES NO Z
3. NAME OF DECEASED OF First Middle. Lest 4. DATE	Month Dey Yeer
(Type or print) DOUGLAS ARCH TURNGL DEATH  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (III)	years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male N WIDOWED DIVORCED MARCH 27, 1893 74	yrs.
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign county done during most of working life, even if retired)	untry) 12. CITIZEN OF WHAT COUNTRY
13. FATHERS NAME	IN
15. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no, or unknown)   (Ifyesgife werordeles of service)	ddress
1B. CAUSE OF DEATH (Enter only one cause per line (4° (e), (b), end (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6)  DUE TO  Conditions, if any, which  Conditions, if any, which  Conditions of the course of th	ction onset and Death
Conditions, if any, which b) Colomany Ocelles	Ein 4 mons
Conditions, if any, which (b) (b) Que rise to immediate ceuse (e), stating the underlying DUE TO	
couse lest. (c) aronary of theresa	ON GIVEN IN PART (e) WAS AUTOPSY
18 Chronic Bronchi 45'S	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS CON	B.)
2Dc. TIME OF INJURY Month, Dey, Yeer   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, left work   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, left work   2Dd.	(County) (State)
p.m. 19 et work et work 21. I certify that (i) (this hospital) attended the deceased from 22. 1 - 6519, to 1.	16, 16, that (i) (we) la
saw the deceased alive on	uses and on the date stated above.
220. SIGNATURE MED. STAFF PHYS. DIRECTOR PHYS.	1 9-16-67
22c. PHOSECTAN'S NAME (Type) 22d. ADDRESS 202 Martin ta, R.	oches "Ma Md.
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (CI	ity, town or county) (State)
24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 250. REC'D BY REGISTRAN 251	b. KEGISTRAR'S SIGNATURE
Device Kynowden Kockville - DATE SEP 2 1 1967	Cliantes Judge
	0

entitled the territory of the second wants and I have not solling LACTURE STREET, TO STREET, THE PARTY OF THE

-1	5	-	14	7	
1	1	b	0	14	

	12764	CERTIFICATE	OF DEATH		12773
1	1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceosed lived, if institution: R	esidence before odmission)
	Montsomers	MARYLANO	no. STATE	b. COUNTY  Mon	tsomery
		LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporote limits, write RURAL or	give neorest (byn)
	De Theada		139, thurst	und	15,1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give	street oddress)	d. STREET ADDRESS	0	e. IS RESIDENCE ON A FARM?
0 🖺	Suburhan Hospital	<	211 Oakn	and live	YES NO X
	3. NAME OF DECEASED (Type or print) Lin/ey	Middle VA	N RIPER	4. DATE Month OF DEATH Sept	Ooy Year / 1967
1	S. SEX 6. COLOR OR RACE 7. MARRIED		B. OATE OF BIRTH	In a hinth day \ 100 -	INOER 1 YEAR   IF UNDER 24 HRS.
1	nale white woowed	OIVORCEO .	4-20-19	62 yrs.	
(	erging most of working life, even if retired)  OPTOGRADIER TUST	of Business or STRY GOUT	Dew G	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME H. Vank	iner.	14. MOTHER'S MAIDEN N	Shaeffo	P
	(Yes, no, or upknown) (If yes give wor or dotes of service)	6/057 (1	NFORMANT DISTRICT	Additions The	m 2
	18. CAUSE OF DEATH (Enter only one couse per line for (o), PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Out TO  Conditions, if ony, which gove nise to immediate couse (o), stoting the underlying couse lost.  (c)	to cardinate of the car	Jangon a maistra Jang Jasis J	with plen	INTERVAL BETWEEN ONSET AND DEATH
TATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO (	DEATH BUT NOT RELATED TO T	THE TERMINAL OISEASE CONC	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMEO? YES NO
Crozici	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Ooy, Yeor Hour o.m.  10. While	RIBE HOW INJURY OCCURREO. (	(Enter noture of injury in P	ort I or Port II of item 18.)	
and a	20c. TIME OF INJURY Month, Ooy, Yeor Hour o.m. 19 While of work		CE OF INJURY (Home, form, ory, street, office bldg., etc.)		(County) (Stote)
	21. I certify that (I) (this haspital) attended saw the deceased alive an Aug 3	the deceased tram	death accurred at	M, fram auses and	19 that (I) (we) last an the date stated above.
	220. SIGNATURE V. C. Lefux	mp M.D	PHYS.		2b. OATE SIGNED 9-1-67
	22c. PHYSICIAN'S NAME (Type) VICENTE OF DE	GUZMAN	22d. AOORESS 1234	19th N.W.	WASH DC.
1	23o. BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY OR (	CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	Burial  Sept. 3.1967	Mt. Pleas	ant	Caneadea, N	lew York
	24. FUNERAL DIRECTOR Olin L. Molesworth D	ADORESS	2So. REC'O	BY REGISTRAR 967 25b. REGISTRA	AR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaft Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

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12765

		Name 1 A	CERTIFICATE	OF DEATH		12774
	0	AACE OF DEATH ON LOOM ON LOOM	ELY MARYLAND	G. STATE	e deceosed lived, if institution: R b. COUNTY	V
		o. CITY OR TOWN AT outside corporate limits, write RURAL and give nearest town)	2 LENGTH OF STAY IN 16	N.W. W	corporate limits, write RURAL or	n 47.3
7		I. NAME OF HOSPITAL OR INSTITUTION (IF not in h	ban	d. STREET ADDRESS	Street	e. IS RESIDENCE ON A FARM? YES NO
		VAME OF First  JECEASED  Type or print)  16. GOLOR OR RACE 7. M	Middle Ca72	Jun soll	DEATH Month	27 19 67 INDER 1 YEAR   IF UNDER 24 HRS.
	ì	The will will	ARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	11. BIRTHPLACE (Coonty & Std	97 lost birthdoy) Mor	nths Doys Hours Min.
		TO SUP A HON (Give kind of work done of work done of working file even it retired).	U.S. GRMY	14. MOTHER'S MAIDEN NAME	Zen Z	COUNTRY? 51-A
11/0	6	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	Margare INFORMANT / Gare	- Treed	
M		s, no, or unknown) (If yes give wor or dotes of servi	579-58-8038	White a	1/an 1/00	INTERVAL BETWEEN
3)	1	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO	Coronary	thrombosis	<b>A</b>	ONSET AND DEATH Smanutes
Ca	199	Conditions, if ony, which gove nse to immediate couse (o), stoting the underlying couse lost.  (b)	ASHD, Po	st myoca	ardial intare	etern 6 years
1	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
0	CERTIF	20o. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.			
10	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19	While of work of work of two of work of two of work of two of work of two of tw	CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
1 00		21. I certify that (I) (this hospital saw the deceased alive an			17PM, fram causes and	an the date stated abave.  2b. DATE SIGNED
10		22c. PHYSICIAN'S	Adi M.	D. ATTENDING MED DIRE	CTOR STAFF PHYS.	9-27-67
		NAME (Type) George	N. Polis M.D	- 1631 1	6th st. N.L	·, Lash, D.C.
K		BURIAL CREMATION, PEMOVAL (Specify) 9-29-1		Nat'l Cem	23d. LOCATION (City or Town)  Arlington	(County) (State)
	24.	FUNERAL DIRECTOR	ADDRESS +	25a. RECD BY		AR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages remove should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 22 boars after deeth. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deat Poge 4 may be retained by the hospital or ottending physician.

ATTER WINDS 

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CERTIFICATE OF DEATH

1.	o. COUNTY Monte	gomery		MARYL	AND	2. USUAL RESIDENCE (V o. STATE Pennsy		if institution: Reside	ence before odmissi	on
	b. CITY OR TOWN (	If outside corporate limit	s,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If ou		write RURAL and g	ive neorest town)	
	write RURAL on Bethe	d give nearest town)		2 days		York		, ,	75	- 2
-	d. NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospital, c	give street oddress) 200	07.1	d. STREET ADDRESS			e IS RESI	DENCE
1	The Clini	cal Center	Rethes	da, Maryland	7		arkey Stre	et.	ON A F	
	NAME OF		irst	Middle		Lost	4. DATE	Month		100
L	DECEASED (Type or print)	Ste	phen	Nunley		Vinson	OF DEATH Sep	tember	26, 19	67
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In lost birt	yeors IF UNDE thdoy) Months		R 24 HRS. Min.
	Male	White	WIDOWED	DIVORCED		7 September		yrs.		
du	o. USUAL OCCUPATION ring most of working Stude	N (Give kind of work done life, even if retired) ent		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County Pennsylv		17) 12. (	CITIZEN OF WHAT COUNTRY?	
13	B. FATHER'S NAME					14. MOTHER'S MAIDEN I				UF.J.
		Vinson				Eleanor T				
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates of	of service) 16. S	SOCIAL SECURITY NO.	17. 1	NFORMANT The M	edical Rec	Address		1 12 22
()	No		71 30111107	None	Th	e Clinical	Center Bet	hesda Ma	rvland 20	0014
	18. CAUSE OF D	EATH (Enter only one cou	se per line for	(o), (b), ond (c).)			vessels)		INTERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Cong	enital Hear	rt D	isease (Tra	nsposition	of Grea	t/ GUSEYAND!	PEATH
	7545	DUE								
	Conditions, if ony	, which gove	(b)							
	rise to immediat									
	stoting the unde	riving couse	(c)							
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART	T 1(a)	19. WAS AUT PERFORM YES 🔀	
CERTIFICATION		S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCC	URRED. (	Enter noture of injury in	Port I or Port II of item	n 18.)	1	
MEDICAL	20c. TIME OF INJI Hour 'o.r	10	20d. IN While of work	Not While	20e. PLA( focto	E OF INJURY (Home, farm ory, street, office bldg., etc.)	, 20f. (City or	town) (C	ounty)	(Stote)
	21. I certi	fy that (X) (this has	pital) attend	ded the deceased fr	ram S	ept. 24 , 1 death accurred at	9 67, to Sep	t. 26, 19	67 that (*) (	we) last
	22o. SIGNATURE	steased dilve dil	//	17 01, 01	iu mui	dedin decorred dis	PM		DATE SIGNED	J dbdve.
	Vy	m M.	Wee	Eiser	_M.D		MED. STA	YS. X 27	Sept. 19	967
	22c. PHYSIOIAN'S NAME (Type		Peters	on, MD.		Institute:	e Clinical s of Healt	Center, h.Bethes	National da .Md .200	014
23	o. BURIAL, CREMATIC REMOVAL (Specify		29-67	234 NAME OF CEMETE	ERY OR		23d. LOCATION (C			Stote)
2	4. FUNERAL DIRECTO	FKYORMITI	NIDET	ABDRESS	to	YORK 250. RECE	BY REGISTRAR P 2 9 1967	2Sb. REGISTRAR'S	SIGNATURE	2.
EX	11110101	- 1 - 11 1	11/11/11	11 10 1 KHOLD	-9 /	· MY	GU IUUII	A.		_

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the foreign director, page 3 should be detached far use as the burial-transit permit. Then please remave capben, papers. Page 1 2000 should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after a should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after a should be filed with the State Dept. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

STATE OF THE PROPERTY OF THE P 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2 Film CERTIFICATE 12767 12776 OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission b. COUNTY PLACE OF DEATH o. COUNTY b. CITY OR TOWN (If outside corporate timits, write RURAL and give negres) ENGTH OF STAY IN 16 c. CITY OR LOWN (If outside comparate limits, write RURAL and give nearest town) Klingenbach d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO The NAME OF Middle 4. DATE Manth Year Day DECEASED (Type or print) DEATH AGE IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARK NEVER MARRIED 8. DATE OF BIRTH last biftidoy) Months Hours Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of worldgang 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired INDUSTRY 13. FATHER'S NAMI 14 MOTHER'S MALDEN MAM 0 (If yes give war ar dates af service) INFORMANT 16. SOCIAL SECURITY NO. 17. Address INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: meumonia IMMEDIATE CAUSE (a) DUE TO ma of the Lung Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year (Caunty)

20d. INJURY OCCURRED

Nat While

at wark

While

21. I certify that (1) (this haspital) attended the deceased framalia

at work

20e. PLACE OF INJURY (Hame, farm, 20f.

factory, street, office bldg., etc.)

(City or town)

(State)

1967, to Sept 2/, 1967, that (1) (we) last 1967, and that death accurred at 6:00 PM, from causes and an the date stated above. 22b. DATE SIGNED

M.D. PHYS Corinne Cooper

22d. ADDRESS

**ATTENDING** 

104 S. Washington Street. 23d. LOCATION (City or Tawn)

Silver Spring,

(County)

Rock. Md

Burlal (Specify) 24. FUNERAL DIRECTOR

Hour 'o.m.

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

23o. BURIAL, CREMATION

saw the deceased alive an\_

Tyson Wheeler Funeral Home

23b. DATE THEREOF

9/23/67

Mock Pike Rockville.

23c. NAME OF CEMETERY OR CREMATORY

Gate of Heaven

2Sa. REC'D BY REGISTRAR

Md. 1967 Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 25M 1/67

death.

within 72 hours after

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O FUNERAL DIRECTOR: After this

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filled in by the funeral, papers. Pages I and infinin 72 hours after death eventwi **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and compl<u>etely</u> director, page 3 shauld be detached far use as the burial-transit permit. Then please remay carbon shauld be filed with the State Dept. af Health prior to burial, crematian, ar remayal, and in any every wi

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

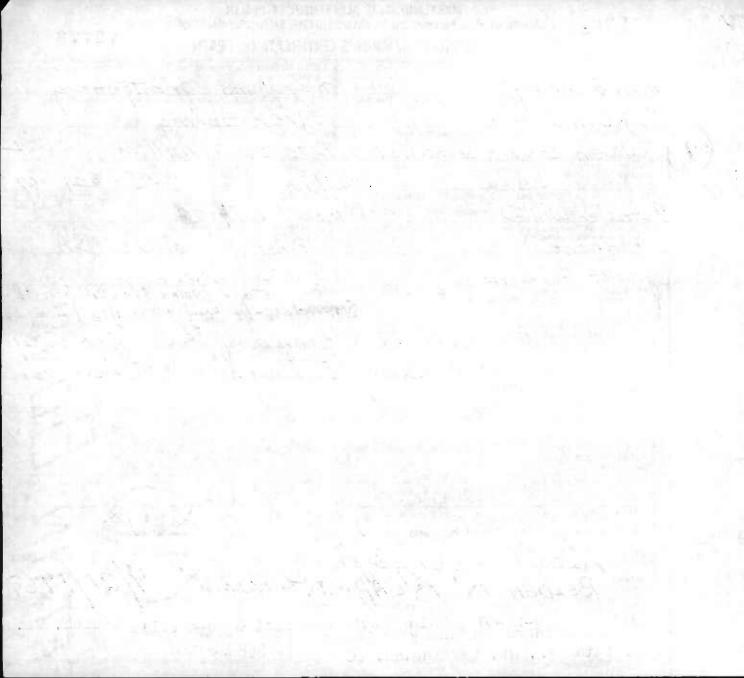
1	5 8 000	CERTIFICATE	OF DEATH			
1. PLACE OF D	EATH		2. USUAL RESIDENCE (Where d			n)
o. COUNTY	ontgomery	MARYLAND	narylan.	6. COU	Danlage Com	
b. CITY OR 1	OWN (If obtside corparate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (A) outside co	rporate limits, write RUF	(AL and give nearest town)	
write RU	RAL fand give nearest town)		Ctor 5	. 2 1	· IN I	5 -
A NAME OF	HOSPITAL OR INSTITUTION (If not in hospital,	nive street address)	d. STREET ADDRESS	ring nock	I e. IS RESIL	DENCE
Rando	elah Hills Nursina	11	864/ 1803	2 Henry R	ON A F	ARM?
3. NAME OF	First	Middle	Lost 4. DA			
DECEASED (Type or prin	nt) Madeleine	Pose-	( ) 1   01		T. 7 19	
S. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours	24 HRS. Min.
F	WIDOWED	DIVORCED X	July 17, 1895	12 yrs.	Monnis Doys Hoois	Mail.
		CIND OF BUSINESS OR NDUSTRY	11. BIR HPLACE (County & State, New Aer seg	or foreign country) G. Penn.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S N	IAME		14. MOTHER'S MAIDEN NAME	7.077	100	
Wm.	Waidler		Minnie Coll	ier		
IS. WAS DECEA	SED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	SS	
No.	nown) (If yes give wor or dotes of service) 21	9-07-0590 Be	verly Waidler-I	tem # 2		
IB. CAUSI	E OF DEATH (Enter only one couse per line fo	r (o), (b), ond (c).)			INTERVAL BET	
PART	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arcurem.	1 Break		ONSET AND D	DEATH
17	DUE TO				0	
	, if ony, which gove ) (b)		1			
	mediate couse (a), DUE TO					
last.	(c)					
PART II. O	THER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTO	PSY
10	C = === . C+=	Jenn 1le	2->		PERFOR M YES -	NO Z
₹ 200 ACCID	ENT WAS UNDERLYING 🗀 20b. D	ESCRIBE HOW INVIRY OCCURRED	(Enter noture of injury in Port I o	r Port II of item 1B.)	100	
OR CONTRI	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	ESCRIPE HOW INSERT SECONDED.	(Enter residue of injury in very ve			
₹ 20c. TIME	OF INJURY Month, Doy, Yeor 20d.			Of. (City or town)	(County)	(Stote)
MED	lour o.m. While p.m. 19 of wo	e Not While of or	tory, street, office bldg., etc.)			
21	certify that (I) (this eospital) after		recuber 1962	to lent	) 1967, that (1) (	we) las
	the deceased alive and best 6	19 <u>57</u> , and the	it death accurred at	M, fram causes	and an the date stated	abave
22o. SIGN	IATURE		ATTENDING MED.	STAFF	22b. DATE SIGNED	
	AR THE	M	D. PHYS. L. DIRECTO		Dept 117	5)
22c. PHY:	E(Type) BLAINE #	FIG	P641 Colo	sollere	I Selyspin	71
23o. BURIAL, CI	REMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY . 23	d. LOCATION (City or To	wn) (County) (S	tore)
Bur-ITE	(Specify) t 9/10/67	Hale Eddy	D	eposit, Nev	York	121
24. FUNERAL	DIRECTOR	ADDRESS	2So. REC'D BY RE	4 6.3121/	GISTRAR'S SIGNATURE	La
Joon WI	Rockville, M	1331 Rockville	Pike DATE SEP 1	T 1901		

OF THE PARTY OF TH with the state of 

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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HEALTH	DEPT.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
e 0 2.	of	97	D. COUNTY	o. STATE / b. COUNTY
ay i	ŧ	/	D. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b	maryland monlyomery
y delay 2, ond 3 PM3. Po	au .		write RURAL and give nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURA) and give nearest town)
P. C.	Deportment	11	akoma fark	Dilver Spring 15-1
- E	2	-	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS  e IS RESIDENCE ON A FARM?
les 1, form	1 17/		Wash San Y Hospital	1220 Blair milled YES INO
Pag	# 17/	3.	NAME OF First Middle	Last 4. DATE Manth , Day Year
	÷ ÷		DECEASED Lena Wa	1/4in DEATH 38 21 1967
ofter of offer of offer of offer of offer of offer off	£	S.		B. DATE OF BIRTH 9. AGE (In years Funder I YEAR IF UNDER 24 HRS.
18.	land2 with the er death.	7.	emale Tibite   WIDOWED P DIVORCED []	Day 8-189# 72 yrs. Manths Doys Haurs Min.
hours Item 18 Office	dec	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	l lo	duri	ng most of working life, even if retired)  NOUSTRY	Pinet Bussia COUNTRY? A
n 2 il ir	pages urs afte	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
within pencil xomine	ile pages land2 v hours after death	(	Jacob Foreman	11-4-61
Exc Exc	LL.	15		
g: g	n 7	(Ye	e no neumbrount (Iffice sincures or dates of comics)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
executed inding" in Medicol E	permit.	-	10 CANCE OF PEARLY FOR	n-in-law- Dr. Hamprosenthal
hould be executed within 24 word "pending" in pencil in the Chief Medicol Exominer's			18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
d b	-tronsit event		IMMEDIATE CAUSE (a)	oronary msufficiency
should e word o the C	uriol-1 ony e		Conditions, if any, which gave	Witte Man V MO!
	buriol-tronsit in ony event		rise to immediate cause (a)	Crelificant occasion,
ate g th			stating the underlying couse DUE TO	4
certificate writing the	ond ond		last. (c)	
s certificate s e, writing the forworded to	be used removol,	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?
	emo	CERTIFICATION		YES NO X
	or re	RTIF	PRIMARY   or CONTRIBUTING	Enter nature of injury in Part I ar Part II of item 18.)
INER: le certifi should	. 0 .		CAUSE OF DEATH.	
AMINER the cer 4 shou	±. ∞ =	MEDICAL		(State) (County) (State) (E) (City or town) (County)
KA	Page crema	W	p.m. 19 at wark at wark	Ty, street, drike blog., ext.)
Page	2 %		21. I certify that I taak charge of the remains described above, hel	d an Autopsy , Inspection , Inquiry and in my opinion
CA ex	DIRECTOR: to buriol,		deoth resulted from: Notural causes Accident Suicio	
MEDIC, pleose e director	REC		www. Vh 00 //// 0	CHIEF MEDICAL EXAMINER
	10		ACTUAL SIGNATURE / SIGNATURE / SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER . 22, DATE SIGNED
UTY, ero	Price		EXAMINER'S O	DEPUTY MYSICAL EXAMPLES 0/1/1912
Cessory, e funero	FUNERAL		NAME (Type) BELDEN /Y YEAP!	1. D. Address (States Any found (county)
O DEPUTY necessory, p the funerol	O FUNERAL DIR	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMEVERY OR C	REMATORY 23d. LOCATION (City or Town) (County) (State)
-	2		Burial 9-22-67 King David	Memorial Garden Falls Church, Va.
VP A1	SME (5)	24.	FUNERAL DIRECTOR Bernard Danzansk pokend Son	S 250. REC'D BY REGISTRAR 255. REGISTRAR'S SIGNATURE
6M		3	501 14th St NW. Washington M	DATE SEP 2 5 1961 Clearles Judge



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the full eral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 4-and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

within 24 haurs

CERTIFICATE OF DEATH

				CLIVIII	IVAIL	OI DEATH						
	PLACE OF DEATH o. COUNTY MONTGO	MERY		MARY	(LAND	2. USUAL RESIDENCE 0. STATE MARYLA)		b. COU			e odmissio	n)
	b. CITY OR TOWN ( write RURAL and OLNEY	If outside corporate limit I give nearest tawn)	S,	c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside corporat		RAL and giv	ve neores	t town)	
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	at in haspital, g	give street address)		d. STREET ADDRESS				Í	e IS RESID	DENCE
	MONTGO	MERY GENERA	L HOSP	ITAL		17701 D	OMINION	DR.			ON A FA	NO DC
3.	NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mon	th	Doy	Yeo	11
-	(Type or print)	SIDNEY	NM	N		WALTER	OF DEATH			27	196	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH	9.	AGE (In years lost birthdoy)	IF UNDER Months	1 YEAR Doys	Hours	24 HRS. Min.
	Male	White	WIDOWED	DIVORCED		10-22-96	- 7	70 yrs.				Truit.
l0c dur	ing most of working	(Give kind of work done life, even if the direct	10b. KI IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Coun	oty & Stote, or for GTON . D	.,		ITIZEN OF DUNTRY? USA		
13.	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME					
	THOMAS	WALTER			-04	SUE RAT	INES					
		R IN U.S. ARMED FORCES? (If yes give war or dotes o		SOCIAL SECURITY NO.	17 IN	FORMANT JACKEYN	Leigh	Addr	7-14	0-5	4.	1
	PART I. DEA'  4 20  Conditions, if ony rise to immediat stating the underland.	e couse (o), rlying couse	(o) RL TO (b) AL TO (c)	trio sele	este inter	questi cudir	in, a	desias	-(	15	ERVAL BET SET AND D LACCAL	EATH LISTS,
CATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING 1	O DEATH BUT NOT REL	ATED TO TH	E TERMINAL DISEASE (	CONDITION GIVE	N IN PART 1(o)			WAS AUTO PERFORMI	PSY ED? NO
L CERTIFICATION		UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED. (E	nter nature of injury	in Part I or Part	11 of item 18.)				
MEDICAL	20c. TIME OF INJI Hour 'o.r p.r	10	20d II While at work			OF INJURY (Home, fo y, street, office bldg., e	tc.)	(City or town)		ounty)		State)
		<b>fy</b> that (I) (this has eceased alive an				death accurred	, 19 <u>67</u> , to at <b>8:55 R</b>	Mram causes	2 , 194 and an 1	2, th	at (I) (v e stated	we) last abave.
	22o. SIGNATURE	D. Do	riy a	1	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGNI	67	
	22c. PHYSICIAN'S NAME (Type		BONIE	ANT		22d. ADDRESS SANI	DY SPRI	NG, MD.			, ,	-
	BURIAL CREMATIC	Aget 30	EREOF -1967	235 TRAME OFFICEMENT	TERY OR CE	Domeleze	4 Hed	ATION City or To	Pd.	(Southy)	(5)	tote
24	1. FUNERAL DIRECTO	1 Walle	in 25	4 arsol	o st	nw DREG	D BY REGISTR	67 25	GISTRAR	SIGNATUS	- Bar	75

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# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2780

2771

CERTIFICATE OF DEATH

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution:	Residence befare admission)
a. COUNTY MONTGOMERY MARYLAND O. STATE Maryland b. COUNTY	ntgomery
b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL)	
write RURAL and give nearest town)	101
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS	I e. IS RESIDENCE
	ON A FARM?
Washington Sanitarium + Hospital 8910 Flower Ave.	YES NO
3. NAME OF First Middle Last 4. DATE Month OF	Doy Year
(Type or print) Claude Marvin Ward DEATH SEPT	
last hirthday) M	UNDER 1 YEAR   IF UNDER 24 HRS.
1 Male   white widowed   DIVORCED   6-8-92   75" YIS.	dillis days fluors milli,
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY Western Union Western Union North Carolina	COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Q J II
Van Anderson WARD Elizabeth armsto	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	ong
(Yes, ng, grunknawn) (Iff yes give war ar dates of service)	
No 577-09-852B Hospital Records	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0) Cardiac arrest	/ mued,
OUE TO ALL I TO	/
Conditions, if ony, which gave is to immediate cause (a), (b) My ocardial Infarct	10 day
I stating the underlying cours > DUE 10	
last. (c) ASHD	Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
Chrnic emphysema  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH	PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)	
GREAT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town)	(Caunty) (State)
Haur a.m. While Not While factory, street, office bldg., etc.)	(contra)
p.m. 19 otwark at wark	
21. I certify that (1) (this hospital) attended the deceased fram Qos 28 , 1967, to Sept. 9	_, 19 <u>67</u> , that (I) (we) lost
saw the deceased alive an Sept 8, 1967, and that death accurred at 7/101.M, fram causes and	
ATTENDING - MFD - STAFF	22b. DATE SIGNED
M.D. PHYS. DIRECTOR DIRECTOR DIPHYS.	9/9/67
22c. PHYSICIAN'S NAME (Type) MARVIN SCHNIZIDER M.O 911 Silver Splin, AV	
	e /
230. BURIAL, CREMATION, REMOVAL (Specify) 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
Kurial Sant 11 10671 (acta of Hagues	a. Maryland
24. FUNERAL DIRECTOR TON 250. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
Warner E. Pumphrey. Inc. Silver prinoni 6FP 13 1961	Challen Williams

the funeral **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours <u>after</u> death Page 4 moy be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fundal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotian, are removal, and in any exent, within 72 hours after death.

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Page 4 may be retained by the haspital ar attending physician.

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	CERTIFICALE	OI DEATH
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	o. COUNTY	o. STATE b. COUNTY
-	b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IV outside corporate limits, write RURAL and give nearest town)
1	b. CITY OR TOWN (If outside corporate imits, write RURAL and give nearest imits,	
	TAKOMA PARK DO.A.	Silver SpRING 151
	d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
1	WASH. SAN. & HOSP	722 EASLOW Stepet YES NO NO
3	NAME OF First Middle	Lost 4. DATE Month Day Year
	DECEASED CONTRACTOR OF THE PROPERTY OF THE PRO	OF 0 10
_	(Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS.
3.		lost birthdoy) Manths Doys Hours Min.
	MALE WHITE WIDOWED DIVORCED	7-19-81 86 yrs.
	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF WHAT COUNTRY?
duri	ring gost of yorking life, even if retired)  KeTiked Salesman Hardward	Stokes County, North U.S. A.
13.		14. MOTHER'S MAIDEN NAME
	Samuel David Ward	Mar. A. U.+ah:
10		Mary Ann Hutchinson FORMANT
(Ye	(as no equilibrium) ((fine sive was as dates of consise)	122 (asley street
	No 242-05-0723 Mari	y S. Ward Silver Spring, Maryland
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carking pulmonary	anest messes
	DUE TO	1 1 11 11
	Canditions, if any, which gove ) (b) levere property	· Conjecting feet Jordine 4 months
	rise to immediate cause (a),	
	lost. (c) Severalized	Wheres lesses Clark
4	A A	IE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	PERFORMED?
CATION	Ceretial vascular or	nsufficienty YES NO K
CERTIFI	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Port I or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f. (City or town) (County) (State)
A S	Haur a.m. While Not While foctor	ry, street, office bldg., etc.)
	p.m. diwdik = diwdik = A	-01/ May 10/ 5 to Applitude 19 10/ 2 that (1) (0) last
	21. I certify that (I) (this hospital) attended the deceased fram 10	deoth occored at 1 2 M, fram causes and an the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. OATE SIGNED
	Hamfa Mager M.D.	PHYS. DIRECTOR PHYS. Deglerales 20, 196
	228. PHYSICIAN'S NAME (Type) HARRING WID AND PER MID	22d. ADDRESS
	MARCID W. DRAFER IN	THE SIFER SPYING NOC, SIFER THING.
230	30. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR	REMATORY . 23d. LOCATION City or Town) (County) . (Stote)
	Burial Sept. 22, 1967 Parklawn Cem	etery Rockville, Maryland
24	A Commission C. Glen Cartergy ADDRESS eorgia	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
10	Varner E. Pumphrey Inc. Silver Spring	My DATE SEP 2 2 1961 fillerles Judges
W	Varner C. Pumphrey, Inc. Silver Spring	III I MILE I

ANTAR YO THE STREET Mary of the make white the same Constitute 1 A Company of the comment of the comm Separation of the property of Seesing \_\_\_\_ Sept. 22, 1967 to an one conserve Marie Colombia States (40) and the Colombia ter to complete, but ... diluna adding the

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	40779	CERTIFICATE	OF DEATH		12782
1.	PLACE OF DEATH O . COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Md.	Where deceased lived, if institution b. COUNT	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	Bethesda	etside corporote limits, write RURA 3.	L ond give nearest town)
0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos 10200 Hatherleigh I		d STREET ADDRESS 10200 Hatl	merleigh Dr.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print) Catherine	Middle Earle Webe	Lost <b>r</b>	4. DATE Month OF DEATH Sept	
S.	Famala   White		B. DATE OF BIRTH Dec. 12, 18	9. AGE (In years 7 dest birthdoy) yrs.	Months Doys Hours Min.
du	ring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Conn.	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
L	FARTER SNAME ALL EAR		14. MOTHER'S MAIDENHi	ggins	
(Y,	WAS DECEASED EVER IN U.S. ARMED FORCES?  (es, no, or unknown)  (If yes give wor or dotes of service)	16. SOCIAL SECURITY NO. 17. II	INFORMANT Smil M. Web	er - Husband	
	1B. CAUSE OF DEATH (Enter only one couse per legal part 1. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)	ine for (o), (b), ond (c).)	vs Dr	SEASE	INTERVAL BETWEEN ONSET AND DEATH
TIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI	JTING TO DEATH BUT NOT RELATED TO 205. DESCRIBE HOW INJURY OCCURRED.			19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19	While of work of work of work	CE OF INJURY (Home, formory, street, office bldg., etc.		(County) (State)
	21. I certify that (I) (this haspital) saw the deceased alive an 9-	1967, and tha	t death occurred at	MED. STAFF	nd an the date stated above
	22c PHYSICIAN'S NAME (Type) Richard B.		22d. ADDRESS	DIRECTOR LI PHYS. LI	+ N.W WASHDE
23	Burial Specify 23b. Date THEREOF 9/15/67	23c. NAME OF CEMETERY OR Walnut Gr	ove	23d. LOCATION (City or Tow Meriden -	Connecticut
	4. FUNERAL DIRECTOR 1995. Tyson Wheeler	Rockville, Pike	land		ISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

			- 85	
• = 0.20			TO SECURE A LOSS	
	CHOICE CONTRACTOR			
		1.20		
			116 22 45 25	
	new)			
			0.4	
	make a come to time (c)			

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission).
448 5	7	o. COUNTY—Taomery MARYLAND maryland b. COUNTY A.A.
delay 13. Pa ment		b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
y de angre		a Koma Tark Odenton, \$ 02-2
an F		d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
th. If any or form PM form PM	1	Wash, San + Hospital Chesapeake railor Ct YES NO. A
death with the Short		NAME OF First Middle Lost 4. DATE Month Doy Year
Give Poges and with following with following with following with following with the State.		DECEASED (Type or print) Ronnie Calvin Wells DEATH 9 3 1967
- K - C	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
within 24 hours pencil in Item 18 xaminer's Office of ile poges lond2 v		nale White WIDOWED   9-29-46 20 yrs.
hin 24 hours nicil in Item 1 niner's Office poges 1 ond 2 urs after death	10o duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) Tay III. BIR
24 in langer's langes l		Clerk Univ of Ma Pelersburg, 20 148.
within pencil xamine ile pogi	13.	71 + 11 11 0
with per Exam Exam File p	15	Was Deceased Ever In U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
uted g" i icol icol mit.		is, no, or unknown) (If yes give wor or dotes of service)
nould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages iny event within 72 hours after		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (s).)  INTERVAL BETWEEN
be e		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) MUITIPLE ITTUTIES Severe _ SONSET, AND DEATH
ord fro		6/64 DUE TO
should be e the word "per to the Chief I buriol-tronsit		Conditions, if ony, which gove) (b) Trauma from Auto Acciclent.
4		rise to immediate cause (o), stoting the underlying couse DUE TO
vertificate writing the rwarded to seed os a vol, and ire	1	kast. (c)
	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOPSY PERFORMED?
Thi of be	CERTIFICATION	YES X NO   20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
or or		20a. EXTERNAL CAUSE WAS PRIMARY To r CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)  Can be used during was should of intersection
	MEDICAL	THE OF BUILDY M. J. D. V. 201 BUILDY OF BUILDY OF BUILDY (Hearth 1997) (Careth 1997)
EXAM ute the uge 4 your Poge cremo	ME	Hour o.m. 9/3/ 1967 While Dot work of the
cecul reg for y NR: P		21. I certify that I took charge af the remains described above, held an Autapsy 💢 Inspection 🔀 Inquiry 💢 ond in my opinion
A G G G		death resulted from: Natural causes 🔲 , Accident 💢 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌
MEDICA please e director retoined DIRECT		ACTUAL OD & ROLL SIGNED
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER Q/2/_ ALL DATE SIGNED
o DEPUTY necessory, price funeral s may be ra b FUNERAL Health prior		EXAMINER'S TOHN G BALL DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
necesso the fun 5 moy 0 FUNE Health	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 4 ()		Burial Sept 6, 1967 Ft Lincoln Cemetery Colmar Manor Pro Geo Md.
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.
6M 1/67		F. Gasch's Sons Hyattsville, Md. DATE SEP 8 1967 Charles June 1967

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12784 CERTIFICATE OF DEATH

	16000		CERTIFICATIO					
1. 1	PLACE OF DEATH				Where deceased lived, if instituti	on: Residence befare odmissian)		
1	o. COUNTY MOI	ntgomery	MARYLAND	o. STATE Coni	b. COUN	"Fairfield		
	b. CITY OR TOWN (	If outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	utside corparate limits, write RUR	AL and give neorest town)		
	write RURAL and	give negrest town)		Wilte		45 8		
_		AL OR INSTITUTION (If not in I	and the street address	d STREET ADDRESS	JII	e. IS RESIDENCE		
					n	ON A FARM?		
		Woodland N			oring Rd.	YES NO		
	NAME OF DECEASED	First	Middle	Lost	4. DATE Mant			
	(Type ar print)	Ethel		eston	DEATH 7	16 1967		
	SEX	6. COLOR OR RACE 7. 1	THE PER PROPERTY OF THE PERSON	8. DATE OF BIRTH	9. AGE (In years Last birthday)	Manths Days Haurs Min.		
ď	emale	Caucasian w	IDOWED DIVORCED	1/30/188	3 84 yrs.	mainis Days Hadis Hills.		
		(Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Count	& Stote, ar foreign country)	12. CITIZEN OF WHAT		
ıri	TOUS END	lite even if retired)	Own Home	New York	State	COUNTRY?		
_	FATHER'S NAME			14. MOTHER'S MAIDEN				
	John Be	etts			Scofield			
_		R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.			N.W.WASH.D.		
ν.	es, no orunknawn)	(If yes give wor ar dates of sen						
	по		P.I.I.	8 NeTrze	Vande Velde			
		EATH (Enter anly ane couse po TH WAS CAUSED BY:	er line for (a), (b), and (b)	1 11		INTERVAL BETWEEN ONSEJ AND DEATH		
	PART I. DEA	IMMEDIATE CAUSE (o)	femal	Lucy	concey	36 hors		
	4437	X DUE TO	11 1	11	040			
	Canditians, if any		Hypertensive a	reprose	derolle Car	des-		
	rise to immediate stating the under		1/0-00	On Dea	slevote Car	* * - V - V - V - V - V - V - V - V - V		
	last.	(c)	Vasca					
	PART II. OTHER S	IGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY		
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)							
CENTIFICATION.	00 ACCIDENTINA	C INDENIVINO (	20b. DESCRIBE HOW INJURY OCCURRED.			/ 1.0		
-	20o. ACCIDENT WA	S □ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(citter nature at injury in	Fort I di Fait ii di iletii 10.			
		MEDICAL EXAMINER)				(6 )		
1	20c. TIME OF INJ Hour a.	URY Manth, Doy, Yeor		ACE OF INJURY (Home, far tory, street, office bldg., etc		(County) (State)		
		m. 19	While of work of work of work	10		,		
	21. I cert	ify that (I) (t <del>his hospi</del> ta	) attended the deceased fram_	guey,	1967, to sept	, 1967, that (I) (we) lo		
	saw the d	eceased alive an	ept 15 1967, and the	at death accurred a	t 945 AM, fram causes	and an the date stated abar		
	22a. SIGNATURE	. 2			T. T	22b. DATE SIGNED		
	Ken	nad h Ox	Beesed M	I.D. PHYS.	MED. STAFF DIRECTOR PHYS.	9-16-67		
	22c. PHYSICIAN'S	5 11		22d. ADDRESS	21	. 60 401		
	NAME (Type	BERNARD.	A FITZGERALD	217 UNIU	BLUDE, SIL	ven SP. Md		
=	o. BURIAL, CREMATI	ON. 23b. DATE THEREO	F 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or To	wn) (County) (State)		
3(	OMENH Setil				0	Maryland		
0		-/ =0/0		uremator	D BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE		
	4. FUNERAL DIRECTO		ADDREWash.			Mayler Jusse		
J	oseph G	awlre's So	ns 5130 Wisc. A	V.N. W. DATE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within the state Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within the state Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within the state Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within the state Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within the state Dept. of Health priar ta burial, crematian, are remaval, and in any event, within the state Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within the state Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within the state Dept. of Health priar ta burial, crematian, are remaval, and in any event, within the state Dept. of Health priar ta burial, crematian, are remaval, and in any event, with the state Dept. of Health priar ta burial, crematian, are remaval.

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and have been, within 72 hours after dect Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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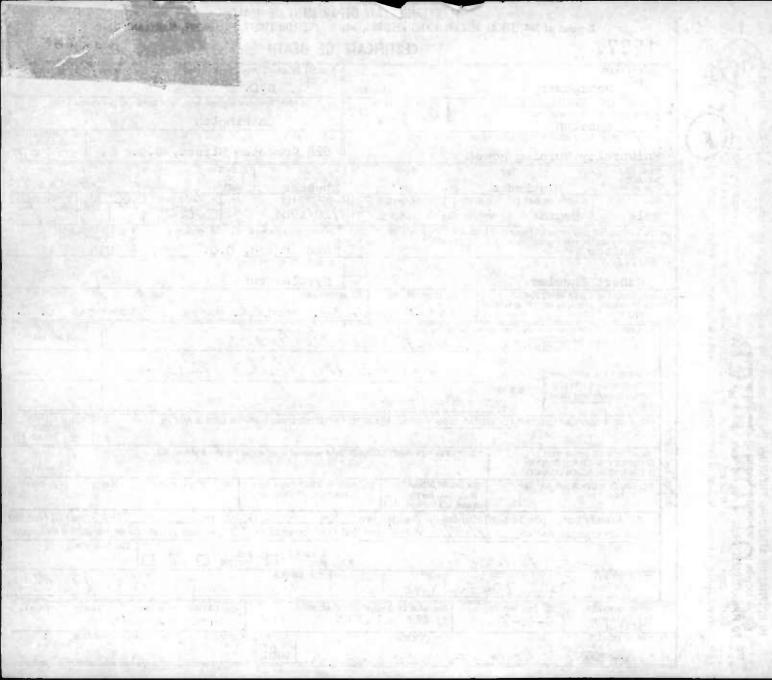
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		1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)						
	(	a. COUNTY MON	tgomery		MARYL	LAND	o. STATE D. C.						
1	ŀ	b. CITY OR TOWN (I	If outside carparate limit	S,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o		prote limits, write RUI	RAL and giv	e neores	t town)	-
		write RURAL and	give nearest town)				Washington 47						2
	-	-	AL OR INSTITUTION (If no	ot in hospital	nive street address)		d. STREET ADDRESS	sningi	con			e. IS RESID	PINCE
					give sireer dedress;		3232 D St	troot	C E			ON A FA	ARM?
2			ty Nursing				<u> </u>						NO X
		NAME OF DECEASED		irst	Middle		Last	4. DATE			Day	Yeo	ir
	(	(Type ar print)	Geor	rde			Whaley	DEAT			29		67
1	S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Manths		IF UNDER	
1		male	Negro	WIDOWED	DIVORCED		6/1/1891		76 yrs.	Maniu?	Doys	Hours	Min.
1			(Give kind of wark dane		IND OF BUSINESS OR		11. BIRTHPLACE (Count	y & Stote, or			TIZEN OF	WHAT	
		ing most of working i Farmer	life, even if retired)	IN	NDUSTRY			Cor	orgia		OUNTRY?		
		FATHER'S NAME					14. MOTHER'S MAIDEN		Trura	I US/	1		
	15	Dock Wha	CONTRACTOR OF THE PROPERTY	114	SOCIAL SECURITY NO.	17 (	Martha Ma	arble	Adde				
	(Yes	s_no_or unknown)	(If yes give wor ar dates o	of convice)		17. 10	NFURMANI		Addre	226			
					45-16-0620								
			ATH (Enter only one cou	se per line so	(o), (b), ond (c).)		1,			1000		ERVAL BET	
		PARI I. DEAI	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH									EATH	
		33/X	33/X DUE TO 0 - 1 00.										
		Canditians, if any,		(b)	was	0	alleult	+ +	Neep De	chity	-		
		rise to immediate cause (a), stating the underlying cause DUE TO								-			
		stoting the underlying cause (c) Attenascele					is /1	ines	Mr. il		11.3		
	1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AL								WAS ALITO	ypcy		
,	NO.	TAKE II. OTHER SIG	MILICHIT COMPINIONS C	JAIKIDUIINO I	O DEATH BUT NOT KEEN	וונט וט ו	HE TERMINAL DISEASE CO	וט אטוווטא טו	IVEN IN PAKE I(U)			PERFORME	ED?
	3			L coi co							YE	2	NO
	MEDICAL CERTIFICATION	20a. ACCIDENT WAS	S UNDERLYING  CAUSE OF DEATH	205. DE	ESCRIBE HOW INJURY OCC	CURRED. (	Enter nature of injury in	Part I ar P	Part II of item 18.)				
	3	(IF EITHER, NOTIFY	MEDICAL EXAMINER)				4 1 4 9 1						
	S	20c. TIME OF INJU	JRY Manth, Day, Year	1000		20e. PLAC	E OF INJURY (Hame, for	m, 20f.	(City ar town)	(Ca	unty)	(	State)
	ME	Hour o.m	10	While of wark		tacto	ory, street, affice bldg., etc	(·)		3.			
					ded the deceased f	fram &	tent	1967	to lent 2	9 106	7 th	at (1) (1	we) last
			eceased alive an	Lunt			death accurred a	marks 500 g		and on t			
		22a. SIGNATURE	Redsed dilve dil	1	0 11 4 , 5	na mai	dedin decomes a	9/29	7/67		ATE SIGNI		ubuve.
		1	113.1	1.		M.D	ATTENDING	MED.	STAFF	1 /	1300	-	67
		22c. PHYSICIAN'S	May	7		M.D	PHYS. 22d, ADDRESS /	DIRECTOR	PHYS. L	rege	xy	646	0/
		NAME (Type)	R.C.	SUFO	2. / INO		10911	neve	rocta Den	Uw.	Lile	N. A.	an:
			1,01	0014			1/1-100					CV-	7
П	23	REMOVAL (Specify)	N, 23b. DATE THI	REOF	23c. NAME OF CEMET	TERY OR C	REMATORY	23d.	LOCATION (City or To	wn)	(County)	(St	tate)
			10-5	-61	SHELRI	V-1	1.00	)	HELBY			1	C.
П	24.	. FUNERAL DIRECTOR	( )	1	ADDRESS		2So. REC	'D BY REGIS	4 21 La 16A	GISTRAR'S			
		4 8	2 Hang	Thon)	1-611-H	257	A/A/2 DATE	OCT 2	1967	your	reo	Joseph	12
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## MARYLAND STATE DEPARTMENT OF HEALTH

7		FIFT	Division of STATIST	ICAL RESEA	RCH AND RECOR	RDS, 301	W. PRESTON STR	REET, BALTIMOR	E, MARYLA		
		12777			CERTIF	ICATE	OF DEATH			12	786
		LACE OF DEATH COUNTY	ntgomery		MARY	/LAND	2. USUAL RESIDENCE a. STATE	(Where deceased liv	ed, if institution b. COUNT)		re admissian)
	Ь	write RURAL and	f autside corporate limits give nearest tawn)	ı	c. LENGTH OF STAY I		c. CITY OR TOWN (If	outside carporote lim	its, write RURAI	L and give neore	st town)
)		. NAME OF HOSPIT	eaton AL OR INSTITUTION (IF no Ly Nursing		,	,	d. STREET ADDRESS 526 Powha		at. N.W		e. IS RESIDENCE ON A FARM? YES NO X
10	3. N	AME OF ECEASED	Fir	st	Middle R.		lost Wheeler	4. DATE OF DEATH	Month	Do 19	y Year
1	S. S	Type or print)  EX  nale	Rutled  6. COLOR OR RACE  Negro	7. MARRIED	NEVER MARRIED		7/28/1904	9. AGE	birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
	10o. durii	USUAL OCCUPATION og most of working Janito:	(Give kind af work done life, even if retired)	10b. KII	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Coun	in, D.C.	country)	12. CITIZEN O COUNTRY USA	
	13.	FATHER'S NAME	Wheeler				14. MOTHER'S MAIDEN  Myrtle GI				
		WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates a	E W. BROW	Address N 526	POWHATA	N PL. N.				
		1B. CAUSE OF DE PART I. DEAT 6000 Canditians, if any,	ATH (Enter only one cou H WAS CAUSED BY: IMMEDIATE CAUSE DUE which gave )	(a) <u>De</u>	(o), (b), and (c), malle	bili	ty & CV	a. longh	to		TERVAL BETWEEN NSET AND DEATH
		nse to immediat stating the under last.	e couse (o),	. /	animia			-			
3	ATION		GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO T	HE TERMINAL DISEASE C	ONDITION GIVEN IN	PART 1(a)	19	. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFICATION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY O		Enter nature af injury i				
	MEDICAL	20c. TIME OF INJU Haur a.r p.r	10	20d. IN While at wark	JURY OCCURRED  Not While at work		E OF INJURY (Home, fa ary, street, affice bldg., et		y or town)	(County)	(State)
H		saw the d	<b>fy</b> that (1) (this has eceased alive an	pital) attend	ded the deceased	fram and that	death accurred of	1967, ta_ at_87. M, fro	im causes a	nd an the da	hat (I) (we) la ite stated abav
		220. SIGNATURE	Bufo	lind	•	м.		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	NED
1		22c. PHYSICIAN'S NAME (Type		Bu Fa		h.j.	22d. ADDRESS	Untrea	1	d.w. Si	luce fring
2		BURIAL, CREMATIC REMOVAL (Specify BURIAL	9-23-6				N MEMORIAL	SUITL	AND,	RYLAND	
1	24	FUNERAL DIRECTO	R		ADDRESS	717 400	0.5	P 2 2 196	2Sb. REGI	ISTRAR'S SIGNATO	Redge



Pages pA hours = filled Din. within letely carbon event, сотр executed and cor any Ξ physician lease and ir certificate d removal, attending phormit. Then the attenosit permit. 0 cremation, has been signed by te as the burial-transit attending physician. has for use Health p The certificate the hospital thed f After this ce be detached State Dept. After Id be d À retained the DIRECTOR: Jage 3 should lied with the pe 4 may Fill HOSPITAL TO FUNERAL director, p

funeral and 2 death,

the

after

after death

Hour a.m. p.m.

saw the deceased alive on

22a. SIGNATURE

22c.

PHYS CIAN'S

NAME (Type)

REMDVAL (Specify)

BURIAL, CREMATION, 23b.

While Not While at work at work

23c.

21. I certify that (I) (this hospital) attended the deceased from

DATE THEREDF

(State)

and that death occurred at 337 M, from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. M.D. PHYS. 22d. ADDRESS

M.P. NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county) 23d.

(State)

NO X

NO'N

**FUNERAL DIRECTOR** 1967 Md DAT

是一种原则。1941年1月1日 · 1000年1月1日 · 1000年1月1日 · 1000年1月1日 · 1000年1日 · 1 A SECTION OF THE PARTY OF THE SECTION OF THE SECTIO  MARYLAND STATE DEPARTMENT OF HEALTH

PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS

12788

	12.13	CERTIFICATE	OF DEATH		1000
1.	PLACE OF DEATH			deceased lived, if institution	n: Residence before odmission)
	MON ( gomany	MARYLAND	" MARY/A	Nd	YON Gomen
	b. CITY OR TOWN (II autside carparate Umits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN of autside co	5	and give nearest town)
0	SIIGER SPRING	1 DAY	Dilver	Spring	7 1 e IS RESIDENCE
0	d. NAME OF HOSPITAL OR ANSTITUTION (If not in he	ospitol, give street oddress)	d. STREET ADDRESS	3	ON A FARM?
0 =	NAME OF PROSS	NO SA	115 d 0 20	ATE Month	YES NO NO Year
) "	DECEASED TRENE	De Why	21-11 0		29 1967
5.		The second secon	DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HR
	7 Cauc WI	DOWED DIVORCED	81-30-94	Jast birthday) yrs.	Months Days Hours Min.
	a. USUAL OCCUPATION (Give kind of work done uring most of working life, eyen if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State,	, ar fareign country)	12. CITIZEN OF WHAT COUNTRY.2
L	Housewite	Own Home	Massachuset	ts	U. S. A.
11	3. FATHER'S NAME	AND THE PROPERTY OF	14. MOTHER'S MAIDEN NAME		
1	Paul Denno		Unknown		
10	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, pg. or unknown) (11 yes give war or dotes af servi	1	NFORMANT nes R. Whittake		vejoy Street pring. Md.
1	18. CAUSE OF DEATH (Enter only one cause per	line far (a), (b), and (c).)	. 1 0	1:0 -	INTERVAL BETWEEN
\$	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	late posteros	eplat myoc	ardeal en	STEEDER AND DEATH
3	420/ DUE TO	10 0	100	1	1
3	(b) Conditions, if any, which gave (b) (c)	faromoses.	right coro	nary as	rest
3	stating the underlying cause DUE TO	arterioscler	tic hea	of desar	ral
NOIL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
ATION		20b. DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part La	Port II of item 18.)	113 87 110
CFRI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	The state of the s			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur'a.m. 19		E OF INJURY (Hame, farm, ory, street, alfice bldg., etc.)	20f. (City or town)	(County) (State)
3	21. I certify that (I) (this hospital) saw the deceased alive an	attended the deceased fram	death accurred at 112	, ta Sept. 2	9, 19 17, that (I) (we) lo
7	220 STGNATURE	0//			22b. DATE SIGNED
3	(Kaymond (1)	adshaw, M.D		OR PHYS.	Sept. 29, 196
	NAME (Type) Raymond Brade	shaw	345 UNIV.	BLUD WSIL	LVER SPRING AND
23	30. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR (	CREMATORY 23	d. LOCATION (City or Town	n) (County) (Stote)
	Burial (Specify) Oct. 3.	1967 Arlington Na		The second secon	irainia
6		er 8434 Gershgia Av	e. 25g REC'D BY RE	GISTRAP7 BECKE	STRAP'S SIGNATURE
V	arner E. Pumphrey, Inc.	· Silver Spring, I	Md. OC 4		0 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove barbon papers. Pages I and should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

PARAJANICE. Property of Stree Spein Silver Spring doly Cross Hosp 11528 Lorgy IRENE DIWHAKER 9 F Cane 12 8-30-94 72 STATE AND ADDRESS OF THE SECONDARY OF THE SECONDARY All and the second of the seco Markey and the second state of the second se Colored to the second s Sept 27 61 Sept 21 1/34 Sept 29 67 radiolours x Sept 22, 921 The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, industrially event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12789

<u> </u>	12489
1. PLACE OF DEATH a. COUNTY Mont comercy MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside proparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Takone fork the through	Washington, D. C. 47.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
Oakhaven Convalencent Itom	15 E. Street N. W. ON A FARM? YES □ NO 🛣
3. NAME DF DECEASED (Type or print)  COVICY  Middle  William	Last 4. DATE Month Day Year OF DEATH Sept 26 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In Mars IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months   Days   Hours   Min.
WIDOWED DIVORCED	Deell, 1867 9 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
e T	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT hevelyn leverson.
(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Q AUGIESS Q
No - 1577-46-1712-31	Mrs Kethryn Kida 15 E STNW, DC
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (a)	- great
Octiviers It saw which )	
Conditions, If any, which gave rise to immediate (b)	crips mendir
cause (a), stating the DUE TO	
underlying cause last. ) (c)	TO MANAGEMENT OF THE PROPERTY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE SIGNIFICANT CONTRIBUTIONS CONTRIBUT	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO
	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA factor   20c.	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	5/31/ 1967 to 9/74/ 1967, that (1) (we) last
	t death occurred at L 4 M, from the causes and on the date stated above.
22a. SIGNATURE	
COM Storm, mx	ATTENDING MED. STAFF DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) Chas & Wo Lo How	91220 ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETER)	OR CREMATORY   23d. LOCATION (City, town or county) (State)
Burial 9/29/67 Rock Creek	
24. FUNERAL DIRECTOR ADDRESS	Cemetery Washington C
1111 11 20	
7H Hunt 6 2701 140 N.W.	DATICT 2 1961 fictionles juige

VR AI5 (4) 20M 1/65

of months bearings as in. C. The state of the second of the To Killing the many some Will I have used a term TO PART HE SEE THE SECOND STATE OF THE SECOND STATE OF THE SECOND A STAN SOUTH and the same of th Mr. witz it sire and it where the the way with The way the transfer of the second

## MARYLAND STATE DEPARTMENT OF HEALTH

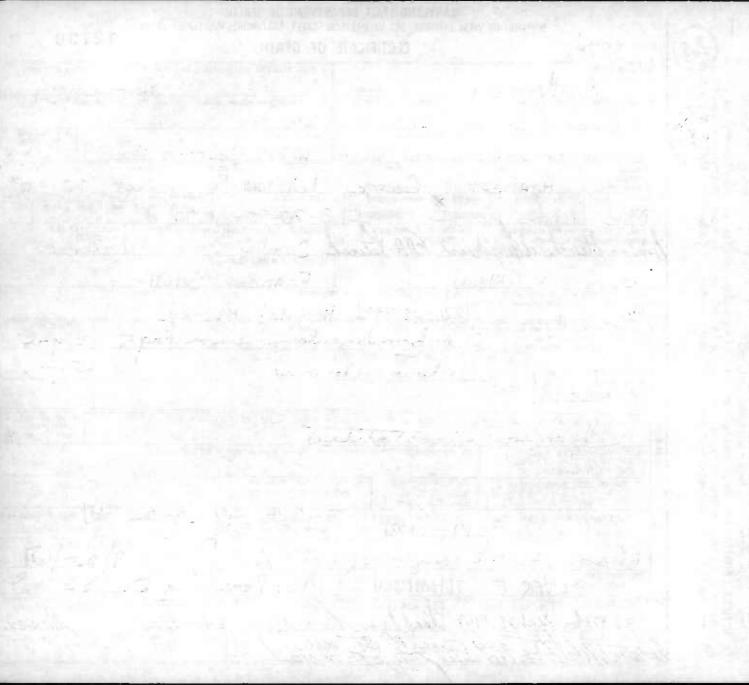
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12790

/		12781 CERTIFICATE	OF DEATH
		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	(	a. COUNTY Martanner MARYLAND	a. STATE D. COUNTY
	1	b. CITY OR TOWN (If outside coreptrate limits.   C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
1		write RURAL and give nearest town)	
A		Takoma Park, Md. I aldays	d STREET ADDRESS   e. IS RESIDENCE
H		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	ON A FARM?
		Washington Santarium and Hospita	10820 Georgia Ave YES NO NO
4		NAME OF First Middle	Last 4. DATE Month Doy Year
		(Type or print) Herbert George	WISON DEATH Sept 20 1961
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6	8. DATE OF BIRTH  9. AGE (In years   YF UNDER 1 YEAR   IF UNDER 24 HRS.
		Mole WIDOWED DIVORCED	3-20-90 (ast birthday) Manths Days Haurs Min.
	100.	USUAL OCCUPATION (Give kind of work done ing most of work for life, even in retired) = INBUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	dyfrii		COUNTRY?
4	93	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		0 1 11	C1. H
	10	WAS DECEASED EVERYWUS, ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 1	NFORMANT Address
		es, no, ar unknown) (If yes give war ar dates af service)	AUGIESS AUGIESS
		No 1226-58-4872	Hospital Kecords
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) Drabes Jone	most vem orready Timber
		33/X DUE TO	
		(b) Orlano Dala	and a has
		rise to immediate couse (o), stoting the underlying couse DUE TO	
		last. (c)	
	_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
)	CERTIFICATION	Chromin 12 miletit	PERFORMED?
	FIC	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I ar Port II of item 18.)
	CERT	OR CONTRIBUTING ☐ CAUSE OF DEATH	(and the state of
		(IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Hame, farm,   20f. (City or town) (County) (State)
н	MEDICAL	Hour o.m. While Not While factor	ory, street, office bldg., etc.)
		p.m. 19 ot work at wark	
		21. I certify that (I) (this haspital) attended the deceased fram	5-12-1, 1961, to 9-20, 1961, that (1) (we) last
		The state of the s	death accurred at M, fram causes and an the date stated above.
		220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		Misser E . I home of an MI	
		22c. PHYSICIAN'S NAME (Type) OLIVER F. THOMPSON	22d. ADDRESS
			1901 1 402 Rung DR 3,3 -11110
-	23a	BLIBIAL, CREMATION 216. DATE THEREOF 23. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (My or Town) (Caunty) (State)
		REMOVAL (Specify) Supl 25, 1967 Dead Lawon &	Demetery Clinton Mass.
	24	FUNERAL DIRECTOR ADDRESS ET	250. FEC'D BY REGISTRAR 4555. REGISTRAR'S SIGNATURE
1	He	Much Walles The Sun Ton	DATE SEP 2 2 1301

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 hauls after death VR A15 (4) 25M 1/67



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours other

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF YITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FU1192	9/	21/6	7 D	h
CEDI	rigici	TE	UE M	DEATH
CLIV	11116	116	VI I	PLAIII

12791

1.	PLACE OF DEATH					2. USUAL RESIDENCE (	Where decease			efare admissi	on)
	MONTGO	MERV		MARYI	LAND	MARYLA	2160	b. COU	nont6	omE	PL
	b. CITY OR TOWN (I	f autside corparate limit	s,	c. LENGTH OF STAY IN	l lb	c. CITY OR TOWN (If a	utside carporot	e limits, write RUI	RAL and give ne	orest town)	7
	BETH :	give neorest town)		16 HRS.	7	BETHE	CAR			15	1
		AL OR INSTITUTION (If no	ot in haspital,			d. STREET ADDRESS	0 007		-	e IS RESI	DENCE
		RBAN				7211 EX	ETER	RD		ON A F	NO X
3.	NAME OF DECEASED	-	rst	Middle		Last	4. DATE OF	Mant	th	Doy Ye	ar
L	(Type or print)	VANI	=	H.	W	LSON	DEATH	Sepi			67
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	Manths Da		R 24 HRS.
	FEMALE	WHITE	WIDOWED	DIVORCED		9/24/81		85 yrs.	maillis Da	ys Hours	Min.
		(Give kind af wark done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fare	ign country)		N OF WHAT	
al	ring most of working Housevi:	Fe.	IN	IDUSTRY		X/en V	ORK		COUNT	A	
13	B. FATHER'S NAME		He	nwood		14. MOTHER'S MAIDEN					
	10/11	LiAM		Shhhhhh		FRANCE	F.5 /	nisdon	n		
1	S. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	,	Add	ame a	s Tte	m 2
	(es, na, or unknown)	(If yes give war ar dates o	of service)	one	16	RACE. A.	14/1/5		Aught	4	111 2 6
H	1.00	ATH (Enter only one cou			10	KHCE. 11	YVIIV	0,0	Hugni	INTERVAL BET	TWEEN
	PART 1. DEAT	'H WAS CAUSED BY:	1'4	4 / 10/1	ne.	1054				ONSET AND	
	4200	IMMEDIATE CAUSE		raine i	20	Car n				30 //	un
	Conditions, if ony,	Which gave \	11/4	tos imoli	net	: Youst	11	wida.		Bea.	10
	rise to immediat	e cause (a),	(b)		07/	D rung	200	we		77 000	-
	stating the under	lying cause								V	
		) 	(c)	TO DELETE DIE VON DELLA						10 MAG ALIX	OPCV
NO	PART II. OTHER SI	SNIFICANT CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(a)		19. WAS AUTO PERFORM	IED?
3	Morke	Steno	mi,	Stans	2	und duy	ures			YES X	NO 🗌
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	206. DE	SCRIBE HOW INJURY OC	CURRED. (	Enter nature of injury/h	Port I ar Part	II af item 1B.)			
	LIF ETTHEK, NUTIFIE	MEDICAL EXAMINER) IRY Month, Day, Year	204 1	NJURY OCCURRED	20a DIA/	E OF INJURY (Hame, form	n. 20f.	(City or town)	(County	Α	(State)
MEDICAL	Hour a.n	1.	While	Nat While		ary, street, office bldg., etc.		(City di Tawii)	(County	,	(sidie)
	p.n	19	at worl			0.61		CIL	7	5	
		y that (I) (this hos					196/, 10			that (1)	
		ceased alive on	771	1947,0	nd that	death accurred at	10 A.M.	front couses			dbove.
	22a. SIGNATURE	week NI	P. D	/	./	ATTENDING	MED.	STAFF	22b DATES	IGNED IG	111
	TAM	weekell	Mos	former	M.D		DIRECTOR L	PHYS. L	1094	1,17	6/
	22c. PHYSICIAN'S NAME (Type)	Present	M	incamphy	1	22d. ADDRESS	000	1 0011	Ra	-15	00
-			111.4/3	TABILITY )	7	10 7 tr Cap	-077	ו עדדי א	2 1)K	AME	דועי
23	Burial, CREMATIC REMOVAL (Specify)		EREOF V	23c. NAME OF CEMET			23d. LOC	ATION (City or To	wn) (Coi	unty) (S	State)
	urlal	9-9-	67	Parklaw	n C	emetery	Re	ockvill	le. Ma:	rylan	d
4	4. FUNERAL DIRECTO			ADDRESS		2Sa. REC'	D BY REGISTRA	R_ 2Sb. RE	GISTRAR'S SIGNA	ATURE	
1 R	OBERT A	PUMPHRE	Y. Be	thesda. M	larv	land SEP	14 134	N VUU	carelas &	use	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Page 4 may be retained by the hospital or ottending physicion. VR A15 (4) 25M 1/67

TO COME (SEE A COME SEE AND SE Let bus treet, the property and the

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CERTIFICATE OF DEATH

12000	CERTIFICATE	OI DEATH		
1. PLACE OF DEATH			here deceased lived, if institutio	
o. COUNTY	MARYLAND	o. STATE MARYT.	A NTO	NNE ARUNDEL
b. CITY OR TOWN (If autside corparate limits,	c. LENGTH OF STAY IN 1b		side corporate limits, write RURA	
write RURAL and give nearest tawn)		ETOCEWA	TER MARYLANI	02-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	I BU MARILI DAM	e. IS RESIDENCE
D- 11.1	1			ON A FARM? YES NO XX
3. NAME OF First	vsing Home	Lost	4 DATE Month	
DECEASED			OF	Doy Year
(Type or print) S. SEX		Vilson	9. AGE (In years	IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
		DATE OF BIRTH	last birthdoy)	Months Doys Hours Min.
1 While	IDOWED DIVORCED	1/4/1888	79 yrs.	
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTRY		Stote, or foreign country)	12. CITIZEN OF WHAT
HOUSEWIFE	HOME MAKER	NAPANEE,	ONTARIO	UNITED STATES
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
JAMES BARTLETT				
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of sen	16. SOCIAL SECURITY NO. 17. II	NFORMANDN) RO	CKVILLE, MAR	YLAND=ROAD
(1es, 110, or blikilowil) (it yes give wor or agres or ser			E.WILSON THE	
18. CAUSE OF DEATH (Enter only one couse pe		0 00		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Cardiovasculo	in Colla	pre	ONSET AND DEATH
422 / DUE TO	n n	11.	6 -1	
Conditions, if ony, which gove ) (b)	Pulmonary e	cubolism a	uf uparetion	2 Ldays
rise to immediate couse (o), stating the underlying couse	A		/	
lost. (c)	Circulatory Stases un	activities		My weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
Jeneraly and and cereby	0 -1 0 0 1			PERFORMED?
≥ 2Do. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED. (	/	ort Lor Port II of item 18 \	
OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE HOW HOURT OCCURRED.	ciner notore of injury in t	on toll foll if of hells 16.)	
	2Dd. INJURY OCCURRED 2De. PLAC	E OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
2Dc. TIME OF INJURY Month, Doy, Yeor Hour o.m.	While Not While focto	ory, street, office bldg., etc.)		(coom4) (2101e)
p.m. 19	ot work U	1		
21. I certify that (I) (this hospite	attended the deceased fram	)//3 , 19	165 to 9/14/6	, 19_67, that (I) (we) last
saw the deceased alive an 7/1	1967, and that	death accurred at	M, from causes a	nd an the date stated above.
220. SIGNATURE	11.011		MED. STAFF	22b. DATE SIGNED
on priviled wife	icercy M.D	PHYS. 22d. ADDRESS	DIRECTOR L PHYS. L	11/7/6/
22c. PHYSICIAN'S NAME (Type) CEODCE II M	ITCHELL, M.D.		CKVILLE PIKE.R	OCKUTILE ID.
GEORGE II. FI				
230. BURIAL, CREMATION, 23b. DATE THEREOI REMOVAL (Specify)		CREMATORY .	23d. LOCATION (City or Tow	n) (County) (Stote)
BURTAL 9/16/1		REMETERY	SUTTIAND MAR BY REGISTRAR 25b. REG	YTAND
24. FUNERAL DIRECTOR Yarry &.	Husong ADDRESS		BY REGISTRAR 25b. REG	ISTRAR'S STGNATURE
HYSONG IS PHONERAL HOME	1300 CKST N.W. WAS	SH. D. C. NATE	1000 001	. 1. 0140

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye caban papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after depth

VR A15 (4) 25M 1/67

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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			CERTIFIE	CAIL	OF DEATH				-	
1. PLACE OF DEATH COUNTY MONTGOMERY MARYLAND					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE VIRGINIA b. COUNTY					
b. CITY OR TOWN (If autside corparate limits,  BETHERSON give nearest tawn)  c. LENGTH OF STAY IN 1b  25 DAYS				16	c. CITY OR TOWN (If autside SPRINGFIELD		RAL and give nea	rest tawn) 83,	3	
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) U. S. NAVAL HOSPITAL, BETHESDA, MD.					d. STREET ADDRESS 7920 E. ROC	KGLEN COURT		e. IS RESID ON A FA		
3. NAME OF DECEASED (Type or print)	STEVEN First		BRUCE		WREN	DATE OF SEPT	3	Oay Yeo	67	
S. SEX MALE	CATTO	MARRIED [	NEVER MARRIED A	<b>1</b> 9	SEPT 1950	9. AGE (In years last birthdoy) 17 yrs.	Months Day	/s Hours	Min.	
10a. USUAL OCCUPATIO	N (Give kind of work dane glife, even if retired)		D OF BUSINESS OR USTRY		OAKLAND,	california	12. CITIZEN COUNT UNI	OF WHAT	ATES	
13. FATHER'S NAME WILLIAM	E. WREN JR.			76/2	14. MOTHER'S MAIDEN NAM HARRIETT KA					
	ER IN U.S. ARMED FORCES? (If yes give wor or dates of sen		OCIAL SECURITY NO.		FORMANT THER	SAME AS # 2	ess		3.7	
Conditions, if an rise to immedia stating the und last.	te cause (a),	LEUKI	EMIA, ACUT	915	E TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)		INTERVAL BET ONSET AND D	DPSY FD2	
OR CONTRIBUTING	AS UNDERLYING   G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES0	CRIBE HOW INJURY OCC	CURRED. (E	nter nature af injury in Part	I or Part II of item 1B.)		YES	NO XEX	
20c. TIME OF IN. Haur a	JURY Manth, Doy, Year .m. 19	20d. INJ While at wark	Nat While		OF INJURY (Hame, farm, y, street, office bldg., etc.)	20f. (City ar town)	(County)	(	State)	
21. I cert saw the c 22a. SIGNATURE  22c. PHYSICIAN	1 Jones	SEP.	1967, ar	ram_5 nd that M.D.	death accurred at 4:		and an the c		abave.	
NAME (Type	e) LI D. K. FOI		MC, USN 23c. NAME OF CEMET	ERY OR CR	U. S. NAVAI	HOSPITAL, 1			tote)	
REMOVAL (Specif BURIA 24 FUNERAL DIRECT	4 OCTOBE	ER 67	ALRLINGTO	N NAT	TIONAL CEMETE	CRY, ARLINGTO		INGTON ATURE	,VA.	
ROAD, AL	EXANDRIA, VIRO	ALVILL			DATOU	1001	- Lud	1		

filled in by the funeral appeal and 2 deoth. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. ofter **TO FUNERAL DIRECTOR:** After this certificote hos been signed by the ottending physicion ond completely filled in by director, page 3 should be detoched far use as the buriol-tronsit permit. Then please remove carbon papers. P should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in any evect, within 72 how Poge 4 may be retained by the hospitol or ottending physicion.

VR A15 (4) 25M 1/67

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# MARYLAND STATE DEPARTMENT OF HEALTH ON OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

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	Pel	-	47	12

MEDICAL EXAMINER	S CERTIFICATE OF DEATH
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	O. STATE MARILLAND b. COUNTY Mant an me De
	The state of the s
write RURAL and give hearest town)	BETHESDA 1511
	d. STREET ADDRESS e. IS RESIDENCE
	5902 MELVERN DRI. ON A FARM?
	/1/0 - 1 OF 5 - 1 - 17
	1 8 DATE OF RIPTH 19 AGE (In years 1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS
A MANAGED L	dest birthdoy) Months Doys Hours Min.
	11. BIRTHPLACE (Stofe or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) (NDUSTRY / Teach	V EVEC-TT MASS COUNTRY? S. A
13 FATHED'S NAME	I A MOTHED'S MAIDEN NAME
1 1 1 in the state of the state	Flactor Ray hould
15 WAS DESCRISED EVED IN IL S ADMED EDOSES 14 SOCIAL SECUDITY NO.	17. INFORMANT Address
(Yes, no, or unknown) (If yes give wor or dates of service)	
yes. 1940 - 45	Eleanor WrigHT- WIFE
name a manufactural account to the contract of	INTERVAL BETWEEN ONSET AND DEATH
MMEDIATE CAUSE (o)	
Conditions if any which gave	Blocke Nessels both Arms 1/2 hm.
lise to illillediote coose (o),	1 (1204c / C3c/3 Doll) 11113 /211.
storing the underlying couse	
	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY
E CONTROL TO BEATT OF ROLLING	PERFORMED?
200 EXTERNAL CAUSE WAS 2015 DESCRIBE HOW INTERLY OCCUR	RED. (Enter noture of injury in Part I or Part II of item 18.)
PRIMARY PLOT CONTRIBUTING	- 0 = .1
S 20s TIME OF INTILEY Month Day Year 20d INTILEY OCCUPPED 200	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o.m. 9/27 10/7 While Not While	foctory, street, office bldg., etc.)
July 1/21 of of work in of work	77.01.0
death resulted fram: Natural causes [], Accident [],	Suicide , Hamicide , Undetermined manner C
ACTUAL Of B Bell	22. DATE SIGNED
	M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICA
NAME (Type)	Address (Street, city, town, or county)
230 BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERS	
REMOVAL (Specific) 9-29-1967 Baltimore	
24. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Joseph Gawler's Sons Inc.	DAMOT 2 1967 Ochanley Judge
	D. COUNTY  D. CITY OR TOWN (If auriside corporate limits, write RURAL paid give hearest town)  d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address)  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  T. MARRIED NOWED DIVORCED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retived)  13. FATHER'S NAME  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)  16. COUNTY  17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  conditions, if ony, which gove rise to immediate couse (o), stotling the underlying couse (o), stotling the underlying couse (o).  200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING  200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING  200. CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING  200. CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING  200. CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING  201. To CONTRIBUTING  202. TIME OF INJURY Month, Day, Year While of work of work of work of while of work of work and the resulted fram: Natural causes , Accident , ACCIDENT  30. MARE OF CEMETERY  31. ACCIDENT  32. NAME OF CEMETERY  32. NAME OF CEMETERY  32. NAME OF CEMETERY  33. NAME OF CEMETERY  34. NAME OF CEMETERY  34. NAME OF CEMETERY  35. NAME OF CEMETERY  36. CAUSE OF DEATH.  36. CAUSE OF DEATH.  37. NAME OF CEMETERY  38. NAME OF CEMETERY  39. DATE THEREOF  21. NAME OF CEMETERY  220. NAME OF CEMETERY  221. NAME OF CEMETERY  222. NAME OF CEMETERY  223. NAME OF CEMETERY  224. NAME OF CEMETERY  225. NAME OF CEMETERY  226. NAME OF CEMETERY  227. NAME OF CEMETERY  228. DATE THEREOF  238. NAME OF CEMETERY  239. DATE THEREOF  230. NAME OF CEMETERY  231. NAME OF CEMETERY  231. NAME OF CEMETERY  2320. NAME OF CEMETERY  2331. NAME OF CEMETERY  2

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12795 CERTIFICATE OF DEATH

12786

CENTITIONIE	OI DERIII							
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)							
a. COUNTY ONT. MARYLAND	a. STATE Mod b. COUNTY MONT.							
b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)							
SWITE RURAL and give-gearest town)  3 March C.	SILIER SORING. 15.1							
d. NAME OF HOSPITAL OR INSTITUTION (What in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE							
Holy CROSS HOSP.	1223 11/00 dsidE PKWY YES NO X							
3. NAME OF DECEASED (Type or print) HER BERT T, VEAGER	Last 4. DATE Month Day Year OF DEATH 9 17 697							
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
M WIDOWED DIVORCED	12-20 KBOK last birthday) Manths Days Haurs Min.							
10a. ÚSUAĽ OCCUPATION (Give kind af wark dane during mast af working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty & State, ar fareign cauntry)  12. CITIZEN OF WHAT COUNTRY?							
Retired Realator Real Estate	Greeburg Illinois U.S.A.							
13. FATHER'S NAME	14. MOTHER'S MAPDEN NAME							
George Yeager	Amolia (Unknown)							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, grunknawn) (If yes give war ar dates af service)	INFORMANT 1223 Woodside Parkway							
165, 10 NO 11 yes give wal all ones all service, 577-07-55 M	S. Louise Vegger Silver Saine Marylan							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	AMERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:	lc necrotizing pancreatitis ONSET AND DEATH							
15 87 / IMMEDIATE CAUSE (a) ACUSE AND CHILDRIN								
	Conditions if any which gave							
rise ta immediate cause (a),	.c pseudocyse							
stating the underlying cause								
	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	1 PEKFORMED?							
Multiple myeloma								
Multiple myeloma  2Do. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  2Dx. TIME OF INJURY Month, Day, Year Hour a.m.  August 100 Multiple myeloma  20b. DESCRIBE HOW INJURY OCCURRED. While Not While fac	(Enter nature of injury in Part I or Part II of item 1B.)							
2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	(CE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State)							
Haur a.m.  p.m.  19 While Not While of work	tary, street, affice bldg., etc.)							
21. I certify that (I) (this hospital) attended the deceased from	, 1963, to 9/17, 1967, that (1) (we) last							
	t death accurred at 5110PM, from causes and on the dote stated above.							
220. SIGNATURE	22b. DATE SIGNED							
Bleins H. Fig Kold M.	ATTENDING MED. STAFF							
22c. PHYSICIAN'S	22d. ADDRESS							
NAME(Type) Blaine H. Eig, M.D.	8641 Colesville Rd., Silver Spring, Md.							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)							
Crenation Sept. 21, 1967 Fort Lincol	n Crematory Prince Georges Maryland							
24. FUNERAL DIRECTOR. ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE							
John B. Thomas July Kines 8434 Georgia								
warner ( Pumphrey Inc. Delver Sprin	g. Md. DAIEULI & I 1001							

filled in by the funeral and 2 and 2 and 2 and 2 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death carban TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campl<del>ately director, page 3 shauld be detached for use as the burial-transit permit. Then please remave/carba shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any events and the state Dept.</del> Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	D. W. I.	F16 4	Alle the	OF	P. P. A T. I	
- 10-	ווע	F11 /	NIE.	(1)-	DEATH	
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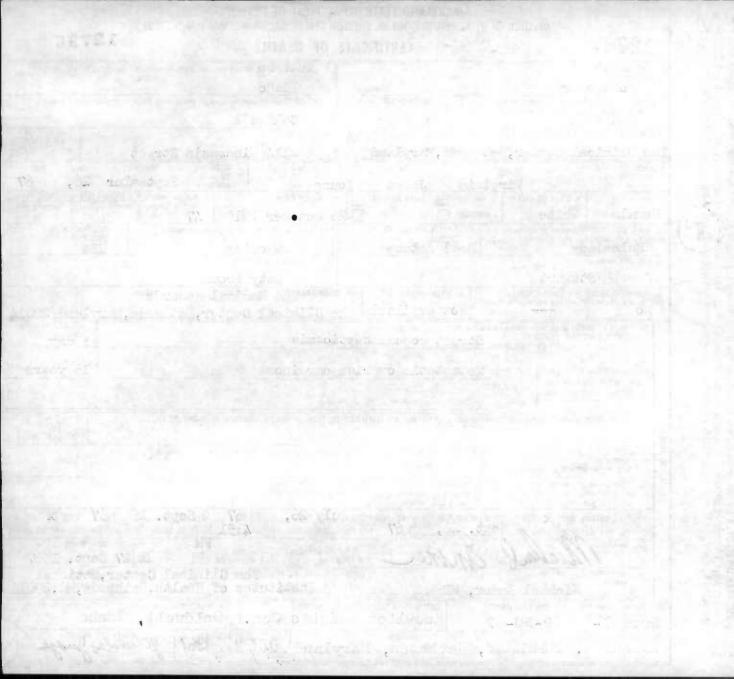
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

-												
1.	PLACE OF DEATH o. COUNTY Montgo	mery		MA	RYLAND	2. USUAL RESIDENCE (V o. STATE Idaho	Where dec	eased lived, if institut b. COU		ce befare	admissio	in) /
	<ul><li>b. CITY OR TOWN (</li></ul>	If autside carparate limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)						
	Bethes	d give nearest tawn) Cla		62 days		Caldwell 57.					3	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 20014					d. STREET ADDRESS				(	. IS RESID	DENCE
_		al Center, Bet	thesd	a,Marylan	id	2114 W:	isco	nsin Stree	et	1	ON A FA	NO X
	NAME OF DECEASED	First		Middle		Last	4. DATI			Doy	Yeo	or .
	(Type or print)	Virg	inia	Janet	You	ing	DEA	TH Septe	ember	26	19	67
S.	SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRI	ED 8	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months	Dovs Dovs	IF UNDER Hours	
	'emale		WIDOWED	DIVORO	ED 20	o October 19	919	47 yrs.	Monnis	Doys	HOUIS	Min.
10a	. USUAL OCCUPATION	(Give kind af work dane		ND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar	fareign country)		TIZEN OF	WHAT	
101	ing most of working Sales La	dy	Rea	ustry 1 Estate		Wvom:	ing			UNTRY?		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N				10-4-2		
	Joseph S	tewart			50 V	Katy	Brow	vn				
IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. II	FORMANT he Med			ess	-		
(16	NO or unknown)	(If yes give war ar dates af sei	No.	t availab	- 1	e Clinical (				ne lar	A 20	107/
	18. CAUSE OF DI	ATH (Enter only ane cause p			1 111	O TITITOUT (	001100	or • De onesc	agrai		RVAL BET	
		TH WAS CAUSED BY:		ptococcal	sept:	icemia				ONS	ET AND D	EATH
	1750	IMMEDIATE (AUSE (o) DUE TO			-					-	LCL y	
	Canditians, if any		Meta	static ov	arian	carcinoma				16	year	S
	rise to immediat	e couse (o),									U	
	stating the unde	flying cause (c)								0.00		
	_	GNIFICANT CONDITIONS CONTI	DIDUTING T	O DEATH BUT NOT D	FLATED TO T	HE TEDANINAL DISEASE CON	IDITION G	IVEN IN DART 1(a)		119	WAS AUTO	VZQC
Š.	TAKT II. OTTEK SI	ONTICALLY CONDITIONS CONT	KIDUTINO T	O DEATH DOT NOT K	LUAILD TO T	TIE TERMINAL DISEASE CON	onion o	INCH IN PART I(U)		PERFORMED?		
5	DO ACCIDENT WAS	IINDEDIVING	Took Dro	COING HOW INDIDA	OCCUPPED /	Fatar and the same in the	D	Seat II of Story 10 S		yt.	2 [X]	NO [
K		CAUSE OF DEATH	200. DES	CKIRE HOW INJUKT	OCCURRED. (	Enter nature af injury in I	Pan I or F	ort II at item 18.)				
ALC		MEDICAL EXAMINER)	1 001 111		1 22 2112		1 000		10			
100	20c. TIME OF INJU Hour a.r		20d. IN While	JURY OCCURRED  Nat While		E OF INJURY (Hame, farm ry, street, affice bldg., etc.)		. (City ar tawn)	((0)	unty)	(	State)
2	p.r		at wark	at wark					, , ,			
	21. I certif	y that (*) (this haspite	l) attend	ed the deceased	d fram 1	11y 26,	967	to Sept. 2	6_, 196	2, the	ot (1) (v	we) last
		eceased alive on Set	16. F.	19 <u>67</u> ,	and that	death accurred at	4:51		-			abave.
	220. SIGNATURE	Minley (	Tim	IMA.		ATTENDING	MED.	PM STAFF		ATE SIGNE		~
		Michael	MU	1100	M.D		DIRECTOR	☐ PHYS. ☑	27 S	ept.	196	57
	22c. PHYSICIAN'S NAME (Type)	M				ZZd. AUDKESS T	ne Cl	Linical Ce	nter,	Nati	onal	1.50
	(100)	MICHAEL FMM						Health, E		da, M	10,20	014
230	. BURIAL, CREMATIC REMOVAL (Specify	\		23c. NAME OF CE	METERY OR (	REMATORY .	23d.	LOCATION (City or To		(County)	(5)	tote)
_	our Lat-	9-30-07		1	n ne	ights Cem		aldwell				
	FUNERAL DIRECTO	R PUMPHREY	Ba	ADDRESS though	Marw	land OCT	BY REGI	1967 25b	CISTRAR'S S			
1	WILLIAM F	A A LITTLE LITTER	a 11 C	1 1 1 1 2 2 2 2 1 1 2 3 -	17125 ( )		6.4	TWO I A		T/ H	THE RESERVE	

VR A15 (4) 25M 1/67



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STATE		12788 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2797
יולאלון	1.		sidence before admission)
the state of	-	b. CITY OR TOWN (If outside corporate limits. I. C. LENGTH OF STAY IN 1b. C. CITY OR FOWN (If outside corporate limits, write RURAL)	and give nearest town)
artm r de		The constant of the constant o	Fa 15-1
afte afte		d. NAME OF HOSPITAL OR INSTITUTION (It for In hospital, give street address)	e. IS RESIDENCE ON A FARM?
Star	3	NAME OF STATE OF STAT	YES NOW Year
E-	3.	DECEASED OF OUR	5 19-67
High state of the	5.	SEX   6. COLOBOR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BUTH   9. AGE (ID BATS   IF UNDER 1	
d 2 nt w	200	WIDOWED OIVORCEO Aus 7. 1880 WYS.	TIZEN OF WHAT
l an	CH	ing most of working life, even if retired) industry included the control of the c	S.A.
iges any		17. MOTHER S MAIDER MAIL	
nd in			
	(Ye	s, no, or unkown) (If yes give war or dates of service)	
тет		18. CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OEATH
or		IMMEDIATE CAUSE (a) Cardiac/Arrhythmia/ Acute myocardial disease	40 min.
al-tra ation	6	Conditions, If any, which DUE TO ASHIY Chronic myocardial disease	2 yrs.
		gava rise to immediate cause (e), atating the DUE TO	V
as a rial,	2	(0)	Yrs.
position 3	ATIO		PERFORMED?
9 Z	ERTIFIC	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part   or Part   of Item 18.)	
3 shou		20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Homa, farm,   20f. (City or town) (Court	nty) (State)
ted	ME		and in my opinion
IR: P Signa			and in my opinion
ECT(		CHIEF MEDICAL EXAMINER	
		SIGNATURE AND ASSISTANT WEDICAL EXAMINER	22. DATE SIGNED
		NAME (Type) / Address (Street, city, toward or country)	- 67
FUN FUN of He	238	REMOVAL (Specify)	
POR	24		SIGNATURE MO
15ME (5)	2	2901 14th St. N.W. Washington, C. OATE SEP 11 1967 your	les judges
The state of the s	To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72-hours after death.	TO FUNERAL OIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72-Mours after death of the state of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72-Mours after death of the state	PLACE OF DEATH   1. PLAC

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Y and 2

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2798

7	0100		CERTIFICATE	OF DEATH	SEE SHEEP TOPS	N. Carlotte
Ī		PLACE OF DEATH		2. USUAL RESIDENCE (Where of	deceosed lived, if institution: Residen	ce before admission)
		COUNTY Monlgom	ery MARYLAND	o. STATE Mary	and b. COUNTY Mo	negronery
	t	CITY OR TOWN (If outside corporate limits, write RURAL and give peoples frown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporote limits, write RURAL and give	e nearest town)
1		I. NAME OF HOSPITAL OR INSTITUTION (If not in h	pospital give street address)	d. STREET ADDRESS	in,	l e. IS RESIDENCE
,		Auhurb	lospitol, give siteer dudress)	9701 Old	Abring Toad	ON A FARM? YES NO
Ī	3. 1	NAME OF First	Middle	• Lost 4. D	ATE Month	Doy Year
	(	Type or print) Trueny	3		EATH Suplemen	23 1967
	S. S	1 - 1		B. DATE OF BIRTH	9. AGE (In reors IF UNDER lost birthdoy) Months	Doys Hours Min.
-	100	USUAL OCCUPATION (Give kind of work done	IDOWED DIVORCED DIVOR	11. BIRTHPLACE (County & Stote,	3 9 Yrs.	TIZEN OF WHAT
+	duri	ng most of working life, even if retired)	Orthur Yengt Co	Rhackless =		UNTRY? U.S.
1		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1. 1	
		Max Sitmere		testher of	itale .	20
1		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of serv	16. SOCIAL SECURITY NO. 17. I	INFORMANT ( DISE )	Address Will	Light - Vit .
		no no	1578-32-1723 M	s Mellye Ter	enstein - 2001	Bork Aleke
		1B. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:	r line for (o), (b), ond (c).)	has.	0 10	ONSET AND DEATH
1		4201 IMMEDIATE CAUSE (o)	Constant le	ue lue	resign.	10 000
1		Conditions, if ony, which gove ) (b)	ucul surjoca	edea cufo	esetteus	Ness
		rise to immediate couse (o), Stoting the underlying couse	11		1 1	
		last. (c) _	Correct o	adere. Me	ead descent	29+2
	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	PERFORMED? YES WO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port'l o	or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Cou	unty) (Stote)
		21. I certify that (I) (this hospital		1965 19	sto 9/53, 194	that (I) (we) last
		saw the deceased olive an	5-3 1967, and that	t death occurred at 505	ZM, from couses and an th	ne date stoted above.
		220. SIGNATURE	Halfi M.E	ATTENDING MED. DIRECT	STAFF STAFF	TE SIGNED
		22c. PHYSICIAN'S SEAMAN	d U. WAISH	22d. ADDRESS	ed. N. VI.	D.O.
	23o.	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23	d. LOCATION (City or Town)	(County) (Stote)
-		REMOVAL (Specify) 9-25-			EM. WASHINGT	D.C.
	-00	FUNERAL DIRECTOR FINARD DANZANGNY 9 5:	ADDRESS	2So. REC'D BY 'RE	GISTRAR 2Sb. REGISTRAR'S SI	GNATURGUNGE
	W. 3	CALL SALAL CITIAN COLLINS	ONS -WASHINGTON	4 - DC DATE SEP 4	30 1041	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carpletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67

